FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S 50844 04

FILED Mar 09, 1999 8:00 am Secretary of State

03-09-1999 90119 018 ***150.00

Anelis Distributors, Inc	
Principal Place of Business Mailing Address	
	DO NOT WRITE IN THIS SPACE
	3. Date Incorporated or Qualifed
	5. Date incorporated of equalities
Principal Place of Business 2a. Mailing Address	4. FEI Number Applied For
21 121 SE 1st Street 26 9745 Sunse	
Suite Apt. #, etc. Suite Apt. #, etc.	\$8.75 Additional
903 27 201	5. Certificate of Status Desired Fee Required
City & State City & State	6. Election Campaign Financing S5.00 May Be
23 Miami, Florida 28 Miami, Flori	
Zip Country Zip Cour	
24 33131 25 USA 29 33173-4649 30	USA Personal Property Tax.
Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent	
81 Name	
Perez, Anelis K. 82 Street Address (P.O. Box Number is Not Acceptable)	
Select Address (1.0. Box Halling to Hot Acceptable)	
14602 S.W Soth Terr 83	
Hierin, FC 33175	2017-04
Mique, PC 33.1.	84 City Mami FL 85 Zip Code 33/85
11. Pursuant to the provisions of Sections 607.0502 and 607.1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered	
office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.	
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered	Agent signature required when reinstating) DATE
12. OFFICERS AND DIRECTORS 13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TILE PSD DELETE 1.1 TT	LE
NAME POSEZ AMOUNT	ME Perez, Amaury
	ME Perez, Amaury REETADDRESS 4691 S.W 158 CF
CITY-ST-ZIP HIRM: F(33175 14CIT	Y-ST-ZIP Miami, FL 33185
TITLE DELETE 2.1 TIT	
NAME 2.2 NA	ME
STREET ADDRESS 2.3 STR	REET ADDRESS
CITY-ST-ZIP 2.4 CT	Y-ST-ZIP
TITLE DELETE 3.1 TITL	E Change Addition
NAME 3.2 NA	ME .
STREET ADDRESS 3.3 STR	REET ADDRESS
CITY-ST-ZIP	Y-ST-ZIP
TITLE DELETE 4.1 TITL	.E ☐ Change ☐ Addition
NAME 4.2 NA	ME
STREET ADDRESS 4.3 STF	REET ADDRESS
CITY-ST-ZIP 4.4 CIT	Y-ST-ZIP
TITLE DELETE 5.1 TITL	.E Change Addition
NAME 5.2 NAI	ME
STREET ADDRESS 5.3 STF	REET ADDRESS
)	Y-ST-ZIP
TITLE DELETE 61 TITL	.E Change Addition
NAME 62 NA	ME
STREET ADDRESS 63 STR	REET ADDRESS
i I	Y-ST-ZIP
	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receives or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address, with all other like empowered.

SIGNATURE:

MOUNT PER PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/15/99

305.381-982

Daytime Phone #

(2E034 (11/98)