FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

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DOCU 1. Corporation	MENT # S6030	0 (8)			
1	G DISTRIBUTORS, INC.	• •			
Principal Place	e of Business	Mailing Address		I INDIATIONAL BINKI ODATO NATIO DA	KIN BAN BIBN BIBN BIBN BIBN BIBN BIBN BIB
1665 W. 6 Suite 201 Hialeah F		1665 W 68TH ST Hialeah Fl 33014 US			
U\$				3. Date Incorporated or Qualified 06/14/1991	3a. Date of Last Report 01/25/1995
	ace of Business	2a. Mailing Address		4. FEI Number	
21 Suite Ant	# ata	26		65-0270471	Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc. 27			5. Certificate of Status Desired	\$8.75 Additional	
City & State City & State			6. Election Campaign Financing	Fee Required	
23		28		Trust Fund Contribution	S5.00 May Be Added to Fees
Ζφ 24	Country	Zip	Country	8. This corporation has liability for in	intangible tax under s. 199.032,
24	25 g. Name and Address of Current I	29 Registered Agent	[30]	Florida Statutes Yes 10. Name and Address of New Re	No.
	<u> </u>	teglosorou ngoss	81 Name	10, Maine and Address of New Ma	egistered Agent
	IEL DE LATORRE			The Court of the C	
	MENTEITH TERRACE		82 Street Addr	ress (P.O. Box Number is Not Acceptabl	ie)
SUITE	106		83		
MIAM	LAKES FL 33016		84 City		85 Zip Code
11 Pursuant f	to the provisions of Sections 607.0502 as	2007 1500 Florida Otat de			
or register	o the provisions of Sections 607.0502 are ed agent, or both, in the State of Florida th, and accept the obligations of, Section	nd 607.1506, Florida Statine Such change was authorize	ed by the corporation's boar	ation submits this statement for the purp rd of directors. Thereby accept the appo	pose of changing its registered office pintment as registered agent. I am
SIGNATURE	in, and accept the congations of, section	. 607.0505, กิดที่ยิส อเสเดียร.			
	Signature, typed or printed name of registered agent and		ITE Registered Agent signature recurs	Licher renstation	DAIL
12.	OFFICERS AND I	DIRECTORS DELETE	13.	ADDITIONS/CHANGES TO OFFIC	
NAMÉ	LA TORRE, EZEQUIEL DE	□ beceir	1 1 THILE 1.2 NAME		☐ Change ☐ Addition
STREET ADDRESS	8235 MENTEITH TERR.		1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI LAKES FL		1.4 CHY+SI-ZIP		
THILE		☐ DELETE	2 1 31TLE		Change Addition
NAME			2.2 NAME		
STREET ADDRESS			23 STREET ADDRESS		
CITY-ST-ZIP			2.4 CITY - ST - ZIP		
TIFLE		DEFEIF	3 1 THILE		Change Addition
NAME STREET ADORESS			3.2 NAME		
			3.3 STREET ADDRESS		
TITLE		DELETE	3.4 CITY - ST - ZIP 4 1 TITLE		El Cosses El Addition
NAME		<u>_</u>	4.2 NAME		Criange Addition
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-S1-ZIP			4.4 CHY+ST-7IP		
TETLE		☐ DELFTE	5 1 TITLE		Change Addition
NAME			52 NAME		
STREET ADDRESS			5:3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY+ST-ZIF		
TITLE		☐ DELETE	6 1 TITLE		☐ Change ☐ Addition
NAME CIRCLI ADDRESO			6 2 NAME		1
STREET ADDRESS			6.3 STREET ADDRESS		ì
14 Ldo hereby	certify that the information supplied with	thin files is velocited a fire	6 4 CHTY - ST - ZIP		

I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). 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 logal effect as if made under oath; that I am an officer or director of the corporation or the receiver 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.

SIGNATURE: