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

PROFIT CORPORATION **ANNUAL REPORT** 

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State :

DIVISION OF CORPORATIONS

DOCUMENT # S60300

R & G DISTRIBUTORS, INC.

(8)

**APPROVED** AND

97 JUL 21 AM 8: 33

SECRETARY OF STATE TALLAHASSEE, FLORIDA



Principal Place of Business 1665 W. 68 ST SUITE 201 HALEAH FL 33014 US		1665 W 68	Mailing Address 1665 W 68TH ST #20 ( HIALEAH FL 33014-4400 US			Date Incorporated or Qualified			
	· •					06/14/1991	03/26/19	<del>1</del> 96	
<u> </u>	ace of Business	2a. Mailing	Address			4. FEI Number	Applied For		
21		25		_		<b>65-0270471</b> Not Applicable			
Suite, Apt.	W. etc.	Suite,	Suite, Apt. #, etc.			5. Certificate of Status Desired	1 1	1.75 Ad	
22		27						Fee Req	uired
City & State	Ð	— ·	City & State			6. Election Campaign Financing		<b>5.00</b> м	
23 Zin	Zip Country		Zip Countr			Trust Fund Contribution Added to Fees			
	h '	<del></del>		30		8. This corporation has liability for in			99.032,
24	25   9, Name and Address of Curr	29		30		Florida Statutes  10. Name and Address of New Rec	Yes X No		
E710	DUIEL DE LATORRE	ent negletered A	gent	81	Name	to. Haine and Address of New Neg	Jistered Agent		
	MENTEITH TERRACE				7101710				
			82 Street Ad			ddress (P.O. Box Number is Not Acceptable)			
	E 108			83					
MAIM	MI LAKES FL 33016			83					
				84	City	·	85	Zip Co	ode
							FL	l '	
office or re	egistered agent, or both, in the Sta	ite of Fiorida, Suci	n change was au	ithorized by	the cornors	poration submits this statement for the pation's board of directors. I hereby accep	urpose of chan t the appointm	ging its i	registered gistered
agent I a	n familiar with, and accept the ob	• 1 -	n 607.0505. Flori			0 . 1 7			
SIGNATÜRE		vla G	my X	<u> </u>	lynn	fde le group			
12.	Signature: typed or prylled name of registered	ND DIRECTORS	ile (MBIR)	13.	ny signature regu	red when reinstating) ADDITIONS/CHANGES TO OFFIC	DATE SEC AND DIRE	PACTO:	151 ± 9
TITLE	PSD	IND DIRECTORS	DELETE	1.1 TITLE	- i	ADDITIONAL AND TO OFFICE	<del></del>	hange	Addition
NAME	LA TORRE, EZEQUIEL DE			1				nariye	LLJ AGGIRION
	8235 MENTEITH TERR.			1.2 NAME					
STREET ADDRESS	MIAMI LAKES FL			1.3 STREET					
CITY-ST-ZIP TITLE	IIII DALCO I L		DELETÉ	1.4 CITY - S	T · ZiP				Name of the least
			L DECEIE	2.1 TITLE		1000023	മെയ്	hange	Addition
NAME				2.2 NAME		100002; -07/24	797010	791	nse O'
STREET ADDRESS				2.3 STREET	ADGRESS	・ ・ ・ ・ ・ ・ ・ ・ ・ ・ ・ ・ ・ ・ ・ ・ ・ ・ ・	55.00 *	ARRATIC	65.00
CITY - ST - ZIP			17 55 555	2. 4 CiTY -	ST - ZIP	4.4.4.1			
TIFLE			DELETE	3.1 TITLE			LJ C	hange	☐ Addition
NAME				3.2 NAME					
STREET ADDRESS				3.3 STREET	ADDRESS				
CITY-ST-ZIP	<del> </del>		r=1 =====	3.4. CITY -	ST - ZIP				
TITLE			DELETE	4.1 TITLE			☐ C	hange	Adoition
NAME				4. 2 NAME	Ì				
STREET ADDRESS				4.3 STREET	ADDRESS				
CITY - ST - ZIP	· <u>•</u>			4.4 CITY - 9	T - ZIP				
TITLE			DELETE	5.1 TITLE			C	hange	Addition
NAME	=			5.2 NAME					
STREET ADDRESS				5.3 STREET	ADDRESS				
CITY-ST-ZIP				5.4 GITY - 9	_	h 0/23			
TITLE			DELETE	6.1 TITLE	1	71-14-	C	hange	Addition
NAME				6.2 NAME	4	P* '		-	
STREET ADDRESS				6.3 STREET	Annaess	1			
CITY-ST-ZIP				6.3 STREET					
WITT UT EIF				<b>■</b> 04 UHT • 3	154F I				

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3ki), 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 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: