

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra E. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **S74604** (7)

1. Corporation Name

CIMA PRODUCTS DISTRIBUTOR, INC.



Principal Place of Business

Mailing Address

~~8415 NW 88 ST~~
~~MIAMI FL 33166~~
~~US~~

~~8415 NW 88 ST~~
~~MIAMI FL 33166~~
~~US~~

3. Date Incorporated or Qualified
08/20/1991

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 **1594 NW 36TH ST.**

26 **1594 N.W. 36TH ST**

4. FEI Number

59-3084033

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

23 **MIAMI FLORIDA**

28 **MIAMI FLORIDA**

6. Election Campaign Financing

☐ **\$5.00 May Be Added to Fees**

City & State

City & State

Zip

Country

Zip

Country

24 **33142**

25 **US**

29 **33142**

30

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

OLIVO, LEONEL
9713 S.W. 2ND STREET
MIAMI FL 33174

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

9431 FONTAINEBLEAU BLVD

83

84 City

MIAMI

FL

85 Zip Code

33172

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

TITLE ☐ DELETE
NAME **PD OLIVO, LEONEL**
STREET ADDRESS **9713 S.W. 2ND TERR**
CITY-ST-ZIP **MIAMI FL**

TITLE ☐ DELETE
NAME **VTD VIELUF, SIEGFRIED**
STREET ADDRESS **9713 S.W. 2ND TERR**
CITY-ST-ZIP **MIAMI FL**

TITLE ☐ DELETE
NAME **MG OLIVO, ANA**
STREET ADDRESS **9713 S.W. 2ND TERR**
CITY-ST-ZIP **MIAMI FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS **9431 FONTAINEBLEAU BLVD**
1.4 CITY-ST-ZIP **MIAMI FL 33172**

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS **9431 FONTAINEBLEAU BLVD**
2.4 CITY-ST-ZIP **MIAMI FL 33172**

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS **9431 FONTAINEBLEAU BLVD**
3.4 CITY-ST-ZIP **MIAMI FL 33172**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-22-96. 9AM (305) 638-4500

Date

Daytime Phone #

CR2E034 (12/95)