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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V19362

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NCS INTERNATIONAL DISTRIBUTING CO.

FILED Mar 11 1997 8:00am Secretary of State

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Country 28		r, cu.	<u> </u>			5. Certificate of Status Desired			
Zep		0	Cily & State			6. Election Campaign Financing		\$5.00	May Be
9. Name and Address of Current Registered Agent BETTELLA, LUIS F. 631 SW 100 TERRACE PEMBROKE PINES FL 33025 82 Sircet Address (P.O. Box Number is Not Acceptable) 83 Sircet Address (P.O. Box Number is Not Acceptable) 84 City 85 City 86 City 87 City 88 City	23			T					
Name and Address of Current Registered Agent 10, Name and Address of New Registered Agent 11		}	<u> </u>	├─-n ´	<i>f</i>	· · · · · · · · · · · · · · · · · · ·		_	i. 199.032,
BETTELLA, LUIS F. 63 SW 100 TERRACE PEMBROKE PINES FL 33025 64 City FL 65 Zip Code 64 City FL 65 Zip Code 65 Zip Code 67 Signat 1 Facility and accept the callingtions of Section 607 5505, Floridas Statutes, the above-named corporation submits this statement for the purpose of changing list registered agent. I entire that with, and accept the callingtions of Section 607 5505, Floridas Statutes, and by the corporation's board of directors. I hereby accept the appointment as registered agent. I entire that with, and accept three displacement 607 5505, Floridas Statutes, and by the corporation's board of directors. I hereby accept the appointment as registered agent. I entire that with an advected the first applicable of 75050, Floridas Statutes, and accept three displacement of 75050, Floridas Statutes. SIGNATURE 12. OFFICE RIS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 14. This PEMBROKE PINES FL 15. This PEMBROKE PINES FL 15. This PEMBROKE PINES FL 16. This PEMBROKE PINES FL 17. This PEMBROKE PINES FL 18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 19. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS TO THIS PROPRIED TO	<u> </u>			14-1			gistered A	gent	
PEMBROKE PINES FL 33025	BET	TELLA, LUIS F.		61	Name				
Bay				82	Street Add	ress (P.O. Box Number is Not Acceptal	ole)		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
1. Pursuant to the processors of Sections 607 0502 and 607 1508, Florida Statutos, the above-named corporation submits this statement for the purpose of changing its repis officer or appeter disjoint, or both, in the State of Florida, Such change was authorized by the corporation's board of directors. I hereby accept the appointment as register agent I entitlemate with, and accept the chigations of, Section 607 0505, Florida Statutos. SIGNATURE SIGNATURE SIGNATURE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. TABLE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. TABLE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. TABLE 12. OFFICER SAND DIRECTORS IN	rcm	IDNONE FINES FL 33023		83		- 			
11. Present to the provisions of Sections 607 6502 and 607 1008. Horida Statutas, the above-named corporation submits this statement for the purpose of changing its regis office are registered agent of both in the State of Florida Subci change was authorized by the corporation's board of directors. I hereby accept the appointment as register agent. I art familiar with, and accept the obligations of, Section 607 0505, Florida Statutes. SIGNATURE Sociolar for the purpose of changing its regis office and the flag plot of the purpose of changing its register agent agent and the flag plot of the purpose of changing its register agent a				84	City		——————————————————————————————————————	85 Zip	Code
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14 Lide hereby could be the infrarection considered with this fill no does not qualify for the examption stated in Spatian 119.07(2)(i) Floride Statutes I for the red if that the	CITY: ST-ZP								

I. I do hereby certify that the information supplied with this fit no does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information inordated 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 competation 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 or on in affectment with an address.

SIGNATURE:

MAY DELLE SIGNING OFFICER OR DIRECTOR

3/4/97 (954)42-2009