

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

FILED
Jul 14, 1999 8:00 am
Secretary of State

07-14-1999 90015 026 ***150.00

DOCUMENT # V48100

1. Corporation Name

TRANS-AMERICAN DISTRIBUTORS, INC.

Principal Place of Business

2043 N.W. 87TH AVENUE
MIAMI FL 33172

Mailing Address

2043 N.W. 87TH AVENUE
MIAMI FL 33172

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/02/1992

4. FEI Number

65-0343254

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25 29 30

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

FERENCZI, EDWARD J
2043 N.W. 87TH AVENUE
MIAMI FL 33172

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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
AZEL, JORGE SR.
STREET ADDRESS
2043 N.W. 87TH AVENUE
CITY-ST-ZIP
MIAMI FL 33172

TITLE ☐ DELETE

NAME
FERENCZI, EDWARD J
STREET ADDRESS
2043 N.W. 87TH AVENUE
CITY-ST-ZIP
MIAMI FL 33172

TITLE ☐ DELETE

NAME
AZEL, JORGE JR.
STREET ADDRESS
2043 N.W. 87TH AVENUE
CITY-ST-ZIP
MIAMI FL 33172

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

☐ Change ☐ Addition

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

☐ Change ☐ Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/18/99

305 477 0515

Daytime Phone #

TRANS - AMERICAN DISTRIBUTORS, INC.

DATE INVOICE NO COMMENT
01/26/99 ANNUAL1999 V48100

1374

AMOUNT	DISCOUNT	NET AMOUNT
150.00	.00	150.00

*This Filing has been previously Submitted
But apparently has been lost in the mail.*

CHECK: 001374 03/18/99 DEPARTMENT OF STATE

CHK TOTAL: 150.00

TRANS-AMERICAN DISTRIBUTORS, INC.
MIAMI, FLA.

READY STATE BANK
MIAMI, FL 33144
63-1166-670

1374

001374

*ONE HUNDRED FIFTY DOLLARS AND NO CENTS

DATE	AMOUNT
03/18/99	*****150.00*

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
P.O. BOX 1500
TALLAHASSEE, FL 32302-1500

00 DIVISIO

001374 006701663 0303074633

V48100
588298-90015-26

V48120
588298-90015-26

TRANS-AMERICAN DISTRIBUTORS INC.

2043 NW 87TH AVENUE

MIAMI, FLA. 33172

TEL: 305-477-0515 FAX: 305-477-0422

VIA TELEFAX

305-262-3366

July 7, 1999

Ms. Maria Canal
Union Planters Bank
Miami, Fla.

Ref: Account No: 030307463310

Please issue a stop payment on the following check:

Check No: 1374

Dated: 03/18/99

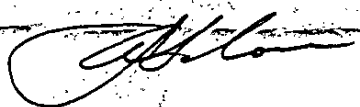
In the amount of: \$150.00

Payable to: Department of State Division of Corporations

This check has been lost in the mail.

Thank you

TRANS-AMERICAN DISTRIBUTORS, INC.


Jorge Azel
Authorized Signature

JA/meg