FILE NOW: FILING FEE AFTE MAY 1ST IS $550.00

PROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

(L) 150.00

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	Mailing Address
2043 N.W. 87TH AVENUE MIAMI FL 33172	2043 N.W. 87TH AVENUE MIAMI FL 33172

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed: 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 Trust Fund Contribution ☐ $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	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 Country 25	Zip 29 Country 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	AZEL, JORGE SR.		1.2 NAME	
STREET ADDRESS	2043 N.W. 87TH AVENUE		1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33172		1.4 CITY-ST-ZIP	
TITLE	S	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	FERENCZI, EDWARD J		2.2 NAME	
STREET ADDRESS	2043 N.W. 87TH AVENUE		2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33172		2.4 CITY-ST-ZIP	
TITLE	T	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	AZEL, JORGE JR.		3.2 NAME	
STREET ADDRESS	2043 N.W. 87TH AVENUE		3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33172		3.4 CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

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] 03/18/99 305 477 0515
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

TRANS - AMERICAN DISTRIBUTORS, INC

1374

DATE	INVOICE NO	COMMENT	AMOUNT	DISCOUNT	NET AMOUNT
01/26/99	ANNUAL1999	V48100	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 03/18/99

AMOUNT *******150.00*

Pay to the order of

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

00-DIVISIO

⑈001374⑈ ⑆067011663⑆ 030307463⑈40

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58298-00015-26

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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