

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

FILED
Feb 04 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 398908 (4)
1. Corporation Name
ARRIBAS BROTHERS COMPANY INC

Principal Place of Business Mailing Address
W.D.W. ADMIN AREA LAKE BUENA VISTA 32830 W.D.W. ADMIN AREA LAKE BUENA VISTA 32830
P.O. BOX 809 P.O. BOX 809
WINDERMERE FL 34786 WINDERMERE FL 34786



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		04/07/1972	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-1407214	
24 Country		29 Country		Applied For	
25		30		Not Applicable	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
ARRIBAS, ALFONSO				81 Name	
10477 DOWN CIRCLE				82 Street Address (P.O. Box Number is Not Acceptable)	
WINDERMERE FL 34786				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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	
NAME	ARRIBAS, ALFONSO	1.2 NAME	
STREET ADDRESS	10809 BAYSHORE DRIVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	WINDERMERE FL	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	
NAME	ARRIBAS, TOMAS	2.2 NAME	
STREET ADDRESS	10477 DOWN CIRCLE	2.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER GARDEN FL	2.4 CITY-ST-ZIP	
TITLE	STD	3.1 TITLE	
NAME	ARRIBAS, MANUEL	3.2 NAME	
STREET ADDRESS	1431 S VERNON ST	3.3 STREET ADDRESS	
CITY-ST-ZIP	ANAHEIM CA	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
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.

SIGNATURE: *Defonso Arribas* REQUIRED

1/30/98 407 828-4840

CR2E034 (10/97)