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Feb 27 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P96000052252 (9)

1. Corporation Name

ALBA DISTRIBUTORS OF FLORIDA, INC.

Principal Place of Business

7201 NW 35 AVE
MIAMI FL 33147

Mailing Address

7201 NW 35 AVE
MIAMI FL 33147-5833

3. Date Incorporated or Qualified

06/13/1996

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 7340 NW 35th AVENUE

22 City & State

27 Suite, Apt. #, etc.

28 MIAMI, FL

23 Zip

Country

29 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GUIXENS, JUAN J
7201 NW 35 AVE
MIAMI FL 33147

81 Name JUAN J. GUIXENS

82 Street Address (P.O. Box Number is Not Acceptable)
7340 NW 35 AVENUE

83

84 City MIAMI

FL

85 Zip Code 33147

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]

(NOTE: Registered Agent signature required when reinstating)

DATE

2/24/97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE
NAME	GUIXENS, JUAN J	
STREET ADDRESS	7201 NW 35 AVE	
CITY - ST - ZIP	MIAMI FL 33147	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	GUIXENS, MANUEL J	
STREET ADDRESS	7201 NW 35 AVE	
CITY - ST - ZIP	MIAMI FL 33147	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	GUIXENS, JUAN J JR	
STREET ADDRESS	7201 NW 35 AVE	
CITY - ST - ZIP	MIAMI FL 33147	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	GUIXENS, CHRISTINA L	
STREET ADDRESS	7201 NW 35 AVE	
CITY - ST - ZIP	MIAMI FL 33147	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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:

[Signature] Treasurer

2/24/97

691-004

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0206995

CR2E034 (9/96)