


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
 AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED  
 Aug 12 1998 8:00am  
 Secretary of State

<b>PROFIT CORPORATION ANNUAL REPORT 1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P97000006166 (7)**  
 1. Corporation Name  
**DISTRIBUIDORA CANNING CORPORATION**

Principal Place of Business 8632 NW 34TH PL. B-C #102 SUNRISE FL 33351	Mailing Address 8632 NW 34TH PL. B-C #102 SUNRISE FL 33351
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

3. Date Incorporated or Qualified <b>01/16/1997</b>	
4. FEI Number <b>65-0722897</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent  
**SCOLARI, ROBERTO**  
**8410 W FLAGLER ST, SUITE NO. 208**  
**MIAMI FL 33144**

10. Name and Address of New Registered Agent

81 Name	<b>SCOLARI ROBERTO</b>
82 Street Address (P.O. Box Number is Not Acceptable)	<b>8632 NW 34TH PLACE B-C #102</b>
83	
84 City	<b>SUNRISE FL 85 Zip Code 33351</b>

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]* **ROBERTO SCOLARI / PRESIDENT** DATE **08/04/98**  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	<b>PRESIDENT</b> <input type="checkbox"/> DELETE
NAME	<b>ROBERTO SCOLARI</b>
STREET ADDRESS	<b>8632 NW 34TH PLACE B-C #102</b>
CITY-ST-ZIP	<b>SUNRISE FL 33351</b>
TITLE	<b>VICE-PRESIDENT</b> <input type="checkbox"/> DELETE
NAME	<b>CRISTINA TRINALDI</b>
STREET ADDRESS	<b>8632 NW 34TH PLACE B-C #102</b>
CITY-ST-ZIP	<b>SUNRISE FL 33351</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>PRESIDENT</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>ROBERTO SCOLARI</b>
1.3 STREET ADDRESS	<b>8632 NW 34TH PLACE B-C #102</b>
1.4 CITY-ST-ZIP	<b>SUNRISE, FL 33351</b>
2.1 TITLE	<b>VICE-PRESIDENT</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>CRISTINA TRINALDI</b>
2.3 STREET ADDRESS	<b>8632 NW 34TH PLACE B-C #102</b>
2.4 CITY-ST-ZIP	<b>SUNRISE, FL 33351</b>
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 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]* **ROBERTO SCOLARI / PRESIDENT**

CR2E034 (5/98)