

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

FILED
Jan 28 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 212679 (5)
 1. Corporation Name
C.G. SUAREZ DISTRIBUTING COMPANY, INC.



Principal Place of Business 10120 ELIZABETH PLACE PO BOX 1134 TAMPA FL 33601	Mailing Address 10120 ELIZABETH PLACE PO BOX 1134 TAMPA FL 33601-1134
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3. Date Incorporated or Qualified 07/01/1958	3a. Date of Last Report 01/29/1996
4. FEI Number 59-0844182	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent
**DEAN, C W, SR
 10120 ELIZABETH PLACE
 P.O. BOX 1134
 TAMPA FL 33601**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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		
TITLE	DVP	<input type="checkbox"/> DELETE
NAME	DEAN, PAULINE S	
STREET ADDRESS	5 BAHAMA CIRCLE	
CITY-ST-ZIP	TAMPA FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	DEAN, C W JR.	
STREET ADDRESS	10609 CARROLBROOK LA	
CITY-ST-ZIP	TAMPA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DEAN, C W JR.	
STREET ADDRESS	10609 CARROLBROOK LA	
CITY-ST-ZIP	TAMPA FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	DEAN, C.W.	
STREET ADDRESS	5 BAHAMA CIRCLE	
CITY-ST-ZIP	TAMPA FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	MANTOOTH, EDDIE D.	
STREET ADDRESS	735 PEARL CIRCLE	
CITY-ST-ZIP	BRANDON FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
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: Eddie D. Mantoath Eddie D. Mantoath 1-17-97 813685-4701
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)