

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
1995



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

APPROVED  
AND  
FILED

95 JUL -6 PM 4:08

DOCUMENT # **323172** (7)

1. Corporation Name  
**HISPANO AMERICAN DISTRIBUTORS INC**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address  
**4813 N MANHATTAN AVE. TAMPA FL 33614**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **11/15/1967** 3a. Date of Last Report **03/29/1994**

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 Country 29 Zip 30 Country

4. FEI Number **59-1205988** 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 has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent  
**BEQUER, JESUS NAPOLEON  
6019 N MANHATTAN AVENUE  
TAMPA FL 33614**

10. Name and Address of New Registered Agent  
81 Name **ARMANDO J. YANEZ**  
82 Street Address (P.O. Box Number is Not Acceptable) **4813 N. MANHATTAN AVE**  
83  
84 City **TAMPA** FL 85 Zip Code **33614**

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 resigning) DATE

12. OFFICERS AND DIRECTORS  
TITLE PD  
NAME BEQUER, JESUS NAPOLEON  
STREET ADDRESS 6019 N-MANHATTAN-AVE  
CITY-ST-ZIP TAMPA, FL 00000  
TITLE SD  
NAME BEQUER, VITALIA  
STREET ADDRESS 6019 N MANHATTAN AVE  
CITY-ST-ZIP TAMPA, FL 00000  
TITLE VD  
NAME BEQUER, GUSTAVO A  
STREET ADDRESS 3409 W BRADDOCK  
CITY-ST-ZIP TAMPA, FL 00000

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
1.1 TITLE  Change  Addition  
NAME JESUS N. BEQUER  
1.2 NAME 4611 CLOVERLAWN DR  
1.3 STREET ADDRESS Tampa FL- 33624  
1.4 CITY-ST-ZIP  
2.1 TITLE  Change  Addition  
NAME SD PHILIP DI ROSA  
2.2 NAME 14108 KNOWLEDGE DR.  
2.3 STREET ADDRESS TAMPA, FL  
2.4 CITY-ST-ZIP  
3.1 TITLE  Change  Addition  
NAME VD ARMANDO J YANEZ  
3.2 NAME 3211 PLEASANT LAKE DR  
3.3 STREET ADDRESS TAMPA, FL 33618  
3.4 CITY-ST-ZIP  
4.1 TITLE  Change  Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP  
5.1 TITLE  Change  Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP  
6.1 TITLE  Change  Addition  
6.2 NAME  
6.3 STREET ADDRESS #Deposited by Bank  
6.4 CITY-ST-ZIP 7/6

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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]* DATE **7-21-95** (013) 476-8749