

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **323172** (7)

1. Corporation Name

HISPANO AMERICAN DISTRIBUTORS INC



Principal Place of Business

Mailing Address

**4813 N MANHATTAN AVE.
TAMPA FL 33614**

**4813 N MANHATTAN AVE.
TAMPA FL 33614**

3. Date Incorporated or Qualified

11/15/1967

3a. Date of Last Report

07/06/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 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

~~YANEE ARMANDO J.
4813 N MANHATTAN AVE
TAMPA FL 33614~~

10. Name and Address of New Registered Agent

81 Name **JESUS N. BEQUER**
82 Street Address (P.O. Box Number is Not Acceptable) **4813 N. Manhattan Ave.**
83 **Tampa, Fla. 33614**
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 provisions of Section 607.0505, Florida Statutes.

SIGNATURE *Jesus N. Bequer* **JESUS N. BEQUER** **3/1/96**
(NOTE: Registered Agent signature required when registering) DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE
NAME	BEQUER, JESUS NAPOLEON	
STREET ADDRESS	4611 CLOVERLAWN DR	
CITY-ST-ZIP	TAMPA FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	PHILIP	
STREET ADDRESS	14100 W HOLLIDGE DR	
CITY-ST-ZIP	TAMPA FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	YANEE ARMANDO J.	
STREET ADDRESS	3277 PLEASANT LAKE DR	
CITY-ST-ZIP	TAMPA FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	S/T <input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	GUSTAVO BEQUER
23 STREET ADDRESS	3409 W. Braddock St
24 CITY-ST-ZIP	Tampa, Fla 33607
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	V/P
33 STREET ADDRESS	VITALIA BEQUER
34 CITY-ST-ZIP	4611 Gloverlawn Dr
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

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 119.07(3)(k), 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 as an attachment with an address.

SIGNATURE: *Jesus N. Bequer* **PRESIDENT**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-1-96 **813-876-8789**
Date Date-time Phone #

CR2E034 (12/95)