

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 323172
 1. Entity Name
 Hispano American Distributors Inc.

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATION

00 OCT 18 PM 3:40

Principal Place of Business Mailing Address
 5109 N. 47 Street 5109 N. 47 St.
 Tampa FL 33610 Tampa FL 33610

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 -10/27/00--01015--022
 ****150.00 ****150.00

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
 5109 N. 47 Street 5109 N. 47 Street
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State Florida Florida
 Tampa Tampa
 Zip 33610 33610 Country U.S.A. U.S.A.

4. FEI Number 59-1205988 Applied For Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 ARMARIO, Vicente
 8231 Drycreek Drive
 Tampa FL 33615

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.
 SIGNATURE Vicente Armario- 10/16/00
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when registering) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE PDST. <input type="checkbox"/> Delete	NAME Vicente Armario	STREET ADDRESS 8231 Drycreek Drive	CITY-ST-ZIP Tampa FL 33615
TITLE Vice-President/Sales <input type="checkbox"/> Delete	NAME Jovito Barzola	STREET ADDRESS 8203 Maplecrest Place	CITY-ST-ZIP Tampa FL 33615
TITLE Secretary <input type="checkbox"/> Delete	NAME Carlos M. Garcia	STREET ADDRESS 350 N.E. 75 Street	CITY-ST-ZIP Miami FL 33138
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Vice President/Sales <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME Jovito Barzola	STREET ADDRESS 8203 Maplecrest Place	CITY-ST-ZIP Tampa FL 33615
TITLE Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME Carlos M. Garcia	STREET ADDRESS 350 N.E. 75 Street	CITY-ST-ZIP Miami FL 33138
TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	STREET ADDRESS	CITY-ST-ZIP
TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	STREET ADDRESS	CITY-ST-ZIP
TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	STREET ADDRESS	CITY-ST-ZIP

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Vicente Armario- 10/16/00 813-635-9584
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)

**Hispano American Dist.,
Inc.**

5109 N. 47th St.
Tampa, Fl. 33610

August 31, 2000

State of Florida
Uniform Business Report
Division of Corporations
P.O. Box 1500
Tallahassee, Fl. 32302-1500

Gentlemen:

This will confirm our phone conversation with Ms. Christine, regarding our involuntary delay in following the attached UBR because of a major fire that damaged our premises.

Please find enclosed the report issued by the Tampa Fire Dept. on 1/16/2000; eventually we had to vacate the entire building and had a \$250,000.00 loss due to the fire and smoke damage.

We respectfully request your waiving the late payment penalty, and acceptance of the attached check in the amount of \$150.00

Thank you in advance.

Yours Truly,


Vicente Armario
President