

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).

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

FILED  
Sep 24, 1998 8:00 am  
Secretary of State

DOCUMENT # 435433 (8)  
1. Corporation Name  
H.M. SANCHEZ DISTRIBUTOR, INC.



Principal Place of Business  
7900 N.W. 67TH STREET  
MIAMI FL 33166-2631

Mailing Address  
7900 N.W. 67TH STREET  
MIAMI FL 33166-2631

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
7900 N.W. 67TH STREET MIAMI FL 33166-2631		7900 N.W. 67TH STREET MIAMI FL 33166-2631		11/08/1973	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
25		27		59-1519398	
City & State		City & State		Applied For	
28		29		Not Applicable	
Zip		Country		5. Certificate of Status Desired	
25		30		<input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
26		27		6. Election Campaign Financing	
27		28		<input type="checkbox"/> \$5.00 May Be Added to Fees	
28		29		8. This corporation owes or has paid the current year Intangible	
29		30		Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
SANCHEZ, MATEO 7900 N.W. 67 ST. MIAMI FL 33166		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		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 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
PD SANCHEZ, MATEO 7900 N.W. 67TH STREET MIAMI FL 33166		1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	
D SANCHEZ, ZUNILDA 7900 N.W. 67TH STREET MIAMI FL 33166		2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	
TD SANCHEZ, ANTONIO 7900 N.W. 67TH STREET MIAMI FL 33166		3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	
		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	
		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	
		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	

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: MATEO SANCHEZ  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
9-10-98  
Date  
Daytime Phone #

CR2E034 (5/98)