FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT 1996	FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 465720   (1)

1. Corporation Name

LA CANASTILLA CUBANA DISTRIBUTING CORP.

Principal Place of Business	Mailing Address
1036 S.W. 1 ST. MIAMI FL 33130	1036 S.W. 1 ST. MIAMI FL 33130

	3. Date Incorporated or Qualified **12/03/1974**	3a. Date of Last Report **04/28/1995**

2. Principal Place of Business	2a. Mailing Address	4. FEI Number **59-1565398**	Applied For / Not Applicable
21 2300 CORAL WAY	**26** 2300 CORAL WAY		
Suite, Apt. #, etc **22**	Suite, Apt #, etc. **27**	5. Certificate of Status Desired ☐	**$8.75** Additional Fee Required
City & State **23** MIAMI FLORIDA,	City & State **28** MIAMI FLORIDA,	6. Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees
Zip **24** 33145	Country **25** US.	Zip **28** 33145	Country **30** US.	8. This corporation has liability for intangible tax under s 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
FLORIDA ANNUAL REPORT SERVICES INC 1036 S.W. 1 ST MIAMI FL 33130	**81** Name FLORIDA ANNUAL REPORT SERVICES, INC. **82** Street Address (P.O. Box Number is Not Acceptable) 2300 CORAL WAY SUITE # 200 **83** **84** City MIAMI FL **85** Zip Code 33145

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 _____ AMADA CANTERA LOPEZ. PRES

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE **T** ☐ DELETE NAME **MARTIN, RAUL** STREET ADDRESS **1180 E. FIRST AVENUE** CITY-ST-ZIP **HIALEAH FL**	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP ☐ Change ☐ Addition
TITLE **S** ☐ DELETE NAME **GALGUERA, ERNESTO** STREET ADDRESS **220 HIALEAH DRIVE** CITY-ST-ZIP **HIALAEH FL**	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP ☐ Change ☐ Addition 300001... -05/08/96--01060--021 ****200.00 ****200.00
TITLE **PD** ☐ DELETE NAME **MARTIN, ROBERTO** STREET ADDRESS **230 HIALEAH DRIVE** CITY-ST-ZIP **HIALEAH FL**	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP ☐ Change ☐ Addition
TITLE **V** ☐ DELETE NAME **MARTIN, ARMANDO** STREET ADDRESS **1180 E. FIRST AVENUE** CITY-ST-ZIP **HIALEAH FL**	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP ☐ Change ☐ Addition
TITLE ☐ DELETE NAME STREET ADDRESS CITY-ST-ZIP	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP ☐ Change ☐ Addition
TITLE ☐ DELETE NAME STREET ADDRESS CITY-ST-ZIP	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP ☐ Change ☐ Addition

CR2E034 (12/95)

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 on an attachment with an address

SIGNATURE: _____ 4/29/96

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
RAUL MARTIN