

# 2000 UNIFORM BUSINESS REPORT (UBR)

0226402

DOCUMENT # 465720

i. Entity Name  
LA CANASTILLA CUBANA DISTRIBUTING CORP.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 MAY -1 PM 2:30

Principal Place of Business Mailing Address  
CORAL WAY 2300 CORAL WAY  
200 SUITE 200  
FL 33145 MIAMI FL 33145-3511



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 59-1565398		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
FLORIDA ANNUAL REPORT SERVICES INC 2300 CORAL WAY SUITE 200 MIAMI FL 33145				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 AMADA CANTERA LOPEZ, PRES. 4/27/00  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>		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. <input type="checkbox"/> \$5.00 May Be Added to Fees	
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11. OFFICERS AND DIRECTORS				12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	T	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MARTIN, RAUL			NAME	300003236393-6		
STREET ADDRESS	1180 E. FIRST AVENUE			STREET ADDRESS	-05/03/00--01026--006		
CITY-ST-ZIP	HIALEAH FL			CITY-ST-ZIP	****150.00 ****150.00		
TITLE	S	<input checked="" type="checkbox"/> Delete		TITLE	DS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	GALGUERA, ERNESTO			NAME	MARTIN, ESTHER		
STREET ADDRESS	220 HIALEAH DRIVE			STREET ADDRESS	1300 W 49th STREET		
CITY-ST-ZIP	HIALEAH FL			CITY-ST-ZIP	HIALEAH, FL 33012		
TITLE	PD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GALGUERA, ERNESTO			NAME			
STREET ADDRESS	220 HIALEAH DRIVE			STREET ADDRESS			
CITY-ST-ZIP	HIALEAH FL			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME				NAME	MARTIN, ARMANDO		
STREET ADDRESS				STREET ADDRESS	1300 W 49th STREET		
CITY-ST-ZIP				CITY-ST-ZIP	HIALEAH, FL 33012		
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				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: RAUL MARTIN, PRES. 4/27/00  
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (9/99)