04 04:45p VICTOR ESCARPANTER EA,CFP 3052612023 p.1

FILED
Apr 29, 2004 08:00 AM
Secretary of State

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # G32960

1. Entity Name
YUCATICA DISTRIBUTORS, INC

Principal Place of Business
6800 N.W. 82ND AVENUE
MIAMI, FL 33166 US

Mailing Address
6800 N.W. 82ND AVENUE
MIAMI, FL 33166 US

DO NOT WRITE IN THIS SPACE

04202004 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0592969

Applied For
Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BEECHE-ORTIZ, LUCIANO
6800 N.W. 82ND AVENUE
MIAMI, FL 33166

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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE ________________________________ DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PSD
NAME	BEECHE-ORTIZ, LUCIANO
STREET ADDRESS	1300 SW 122 AVENUE UNIT 214-2
CITY-ST-ZIP	MIAMI, FL 33184
TITLE	D
NAME	BEECHE-MORALES, LUCIANO
STREET ADDRESS	SAN DIEGO DE TRES RIOS
CITY-ST-ZIP	SAN JOSE, COSTA RICA.
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: X [signature] OFFICER April 21-2004

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAYTIME PHONE