FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 19 PM 9:49

DOCUMENT # **L22845** **(6)**

1. Corporation Name
HIALEAH DISTRIBUTORS, INC.

Principal Place of Business	Mailing Address
% ALBERTO SILVA 267 WEST 28TH STREET HIALEAH FL 33010	% ALBERTO SILVA 267 WEST 28TH STREET HIALEAH FL 33010

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **10/12/1989**
3a. Date of Last Report: **01/26/1994**

2. Principal Place of Business (21)
2a. Mailing Address (26)
4. FEI Number: **65-0152503** ☐ Applied For ☐ Not Applicable

Suite, Apt. #, etc. (22) / Suite, Apt. #, etc. (27)
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

City & State (23) / City & State (28)
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

Zip (24) Country (25) / Zip (29) Country (30)
8. The 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
SILVA, ALBERTO 267 WEST 28TH STREET HIALEAH FL 33010	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 _____
Signature, typed or printed name of registered agent and date signed (if new Registered Agent - registered agent must sign)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
TITLE	P	11 TITLE	☒ Change ☐ Addition
NAME	SILVA, ALBERTO	12 NAME	
STREET ADDRESS	~~7227 SW 113 CT~~	13 STREET ADDRESS	1506 SW 142Ct.
CITY-ST-ZIP	~~MIAMI FL~~	14 CITY ST ZIP	Miami Fl. 33176
TITLE	TS	21 TITLE	☐ Change ☐ Addition
NAME	CHIRINO, JUAN J.	22 NAME	
STREET ADDRESS	4197 W 10TH AVE	23 STREET ADDRESS	
CITY ST ZIP	HIALEAH FL	24 CITY ST ZIP	
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	HERNANDEZ, ANA	32 NAME	
STREET ADDRESS	11234 SW 189TH LN	33 STREET ADDRESS	
CITY ST ZIP	MIAMI FL	34 CITY ST ZIP	
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	CHIRINO, JOSE L.	42 NAME	
STREET ADDRESS	19224 SW 122ND CT	43 STREET ADDRESS	
CITY ST ZIP	MIAMI FL	44 CITY ST ZIP	
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	MAQUEIRA, PEDRO M.	52 NAME	
STREET ADDRESS	162 WEST 33RD ST	53 STREET ADDRESS	
CITY ST ZIP	HIALEAH FL	54 CITY ST ZIP	
TITLE	V	61 TITLE	☐ Change ☐ Addition
NAME	CHIRINO, LUIS F	62 NAME	
STREET ADDRESS	4197 W. 10TH AVE	63 STREET ADDRESS	
CITY ST ZIP	HIALEAH FL 33012	64 CITY ST ZIP	

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)(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 added by attachment with an address.

SIGNATURE: _____ 1-9-95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date

0078320 CP