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DIVISION OF CORPORATIONS
95 FEB 21 AM 8:58

CORPORATION ANNUAL REPORT 1995



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

DOCUMENT # P93000046954 (2)
 1. Corporation Name
DE LUNA WHOLESALE, INC.

Principal Place of Business Mailing Address
5790 MALONEY AVE STOCK ISLAND KEY WEST FL 33040 **5790 MALONEY AVE STOCK ISLAND KEY WEST FL 33040**

2. Principal Place of Business 2a. Mailing Address
 21 State, Apt. #, etc. 26 State, Apt. #, etc.
 22 City & State 27 City & State
 23 Zip Country 28 Zip Country

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **06/28/1993** 3a. Date of Last Report **05/01/1994**
 4. FEI Number **65-0434258** Applied For Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**
 6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
 8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
ESQUINALDO, STEVEN B
608 WHITEHEAD ST
KEY WEST FL 33040

10. Name and Address of New Registered Agent
 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: _____
(Print Name, Title, and Position of Person Signing and Date Signed) (Print Registered Agent Signature and Date Signed)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PS	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BELLIDO DELUNA, AUREO L	1.2 NAME	
STREET ADDRESS	1413 SUNSET DR	1.3 STREET ADDRESS	
CITY, ST, ZIP	KEY WEST FL	1.4 CITY, ST, ZIP	
TITLE	VT	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BELLIDO DELUNA, FRANK	2.2 NAME	
STREET ADDRESS	2105 HARRIS AVE	2.3 STREET ADDRESS	
CITY, ST, ZIP	KEY WEST FL	2.4 CITY, ST, ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY, ST, ZIP		3.4 CITY, ST, ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY, ST, ZIP		4.4 CITY, ST, ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY, ST, ZIP		5.4 CITY, ST, ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY, ST, ZIP		6.4 CITY, ST, ZIP	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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 on it under certain conditions. 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 13 or 14 of this change of registration filing.

SIGNATURE: *Aureo L. Bellido Deluna* 1-20-95 (305) 294-2765
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Title) (Typed Name)
AUREO L BELLIDO DELUNA, PRESIDENT