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Feb 24, 1999 8:00 am
Secretary of State

02-24-1999 90091 031 ***150.00

02/25/99

PROFIT CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000052252

1. Corporation Name
ALBA DISTRIBUTORS OF FLORIDA, INC.

Principal Place of Business: 7340 NW 35 AVE MIAMI, FL 33147
Mailing Address: 5800 NW 32 CT MIAMI, FL 33142



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: 7340 NW 35 TH AVE
2a. Mailing Address: 5800 NW 32 ND CT.
22. Suite, Apt. #, etc.
23. City & State: MIAMI, FL. 331
24. Zip: 33147 25. Country: MIAM-DADE 29. Zip: 33142 30. Country: MIAM-DADE

3. Date Incorporated or Qualified: 06/13/1996
4. FEI Number: 65-0673110 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 owes the current year Intangible Personal Property Tax: Yes

9. Name and Address of Current Registered Agent
GUIXENS, JUAN J
5800 NW 52ND CT
MIAMI, FL. 33142

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: [Signature] DATE: 01/15/99

12. OFFICERS AND DIRECTORS
PD GUIXENS, JUAN J 7340 NW 35TH AVE MIAMI, FL 33147
VD GUIXENS, MANUEL J 7340 NW 35TH AVE
TD GUIXENS, JUAN J JR 7340 NW 35TH AVE
SD GUIXENS, CHRISTINA L 7201 NW 35 AVE MIAMI FL 33147

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 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, with all other like empowered.

SIGNATURE: [Signature] DATE: 01/15/99 (305) 694-1230
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/198)