

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P96000055123 (9)

1. Corporation Name

H & M NICARAGUAN DISTRIBUTOR, CORP.

Principal Place of Business

600 SW 2 ST., STE. 4
MIAMI FL 33130

Mailing Address

600 SW 2 ST., STE. 4
MIAMI FL 33130-1351

3. Date Incorporated or Qualified

06/27/1996

3a. Date of Last Report

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

TJERINO, HENRY
600 SW 2 ST., STE. 4
MIAMI FL 33130

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, typed or printed name of registered agent and title (if applicable)

(NOTE: Registered Agent's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DP
NAME ARIAS, MAURICIO D
STREET ADDRESS 708 N. 1ST ST.
CITY-ST-ZIP HARLINGEN TX 78550 ☒ DELETE

TITLE DVS
NAME TEJERINO, HENRY
STREET ADDRESS 600 SW 2 ST., STE. 4
CITY-ST-ZIP MIAMI FL 33130 ☒ DELETE

TITLE DT
NAME ARIAS, AURA
STREET ADDRESS 1000 SW 2 ST., #5
CITY-ST-ZIP MIAMI FL 33130 ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE DP
1.2 NAME TEJERINO, HENRY
1.3 STREET ADDRESS 600 SW 2 ST. STE. 4
1.4 CITY-ST-ZIP MIAMI FL 33130 ☒ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP ☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP ☐ Change ☐ Addition

4.1 TITLE DVS
4.2 NAME URBINA, JUAN CARLOS
4.3 STREET ADDRESS 600 SW 2 ST. STE. 4
4.4 CITY-ST-ZIP MIAMI FL 33130 ☐ Change ☒ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

14. I do 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.

SIGNATURE

CR2E034 (9/96)

FILED
May 07 1997 8:00am
Secretary of State

