Mailing Address

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

8andra B. Mortham

Secretary of State

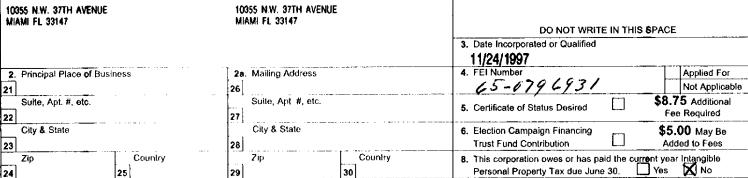
DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name P97000100584 (6)

9. Name and Address of Current Registered Agent

JOAQUIN VALDES DISTRIBUTOR, INC.



VALDES, JOAQUIN 10355 N.W. 37TH AVENUE **MIAMI FL 33147**

	Personal Property Tax due June 30.	Yes	X No
	10. Name and Address of New Registered	Agent	
81	Name		
82	Street Address (P.O. Box Number is Not Acceptable)		
83			
84	City	85	Zip Code

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, tysed or printed namin of registered agent and title if applicable	(NOIE	Registered Agent signalur	ure required when reinstaling) DATE			
12.	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	DELETE	1.1 TITLE	Change Addition			
NAME	VALDES, JOAQUIN		1.2 NAME				
STREET ADDRESS	10355 N.W. 37TH AVENUE		1.3 STREET ADDRESS				
CITY-ST-ZIP	MIAMI FL 33147		1.4 CITY-ST-ZIP				
TITLE		DELETE	2 1 TITLE	Change Addition			
NAME			2 2 NAME				
STREET ADDRESS			2.3 STREET ADDRESS				
CITY-ST-ZIP			2 4 CITY-ST-ZIP				
TITLE		DELETE	3 1 TITLE	Change Addition			
NAME			3.2 NAME				
STREET ADDRESS			3.3 STREET ADDRESS				
CITY-ST-ZIP			3.4 CITY-ST-ZIP	<u>_</u>			
TITLE		DELETE	41 TITLE	Change Addition			
NAME			4.2 NAME				
STREET ADDRESS			4 3 STREET ADDRESS				
CITY-ST-ZIP			4.4 CITY-ST-ZIP				
TITLE		DELETE	5.1 TITLE	Change Addition			
NAME			52 NAME				
STREET ADDRESS			53 STREET ADDRESS				
CITY-ST-ZIP			5.4 CITY-\$1-ZIP				
TITLE	[DELETE	6.1 TITLE	Change Addition			
NAME			6.2 NAME				
STREET ADDRESS			63 STREET ADDRESS				
				t control of the cont			

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.

07/31/98 (305) 681-5401