

AMENDMENT OF UNIFORM BUSINESS REPORT

PROFIT
CORPORATION
ANNUAL REPORT
2002



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000089282
1. Corporation Name

PASCUAL DISTRIBUTOR OF FLORIDA INC.

Principal Place of Business

Mailing Address

2741 N.W. 82 Ave.
Miami, FL 33122

FILED

02 NOV -4 PM 6:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

100008793601
11/05/02--01003--008 **61.25

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/20/98		3a. Date of Last Report	
21 2741 N.W. 82nd Ave. Suite, Apt. #, etc.		26		4. FEI Number 65-0880699		Applied For Not Applicable	
22 City & State Miami, FL		27		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip 33122		28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country U.S.A.		29		7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent

Maria Castineira
3701 S.W. 139 Ave.
Miami, FL 33175

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 signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P	NAME Castor B. Castineira	DELETED <input type="checkbox"/>
STREET ADDRESS	3701 S.W. 139 Ave.	
CITY-ST-ZIP	Miami, FL 33175	
TITLE VP	NAME Maria I. Castineira	DELETED <input type="checkbox"/>
STREET ADDRESS	3701 S.W. 139 Ave.	
CITY-ST-ZIP	Miami, FL 33175	
TITLE	NAME Thomas Pascual Sr.	DELETED <input checked="" type="checkbox"/>
STREET ADDRESS	Avenida Manoteras 18	
CITY-ST-ZIP	Pol Ind Madrid 28050, Spain	
TITLE	NAME Tomas Pascual Jr.	DELETED <input checked="" type="checkbox"/>
STREET ADDRESS	Avenida Manoteras 18	
CITY-ST-ZIP	Pol Ind Madrid 28050, Spain	
TITLE	NAME	DELETED <input type="checkbox"/>
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	NAME	DELETED <input type="checkbox"/>
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

CR2E034 (9/96)

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 my address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #