

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

FILED
May 04, 1999 8:00 am
Secretary of State

05-04-1999 90055 022 ***150.00

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PROFIT CORPORATION
 ANNUAL REPORT
 1999



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

DOCUMENT # **V63067**

1. Corporation Name
HISPAMER DISTRIBUTORS, INC.

Principal Place of Business
 7541 N.E. 3RD PLACE
 MIAMI FL 33138

Mailing Address
 7541 N.E. 3RD PLACE
 MIAMI FL 33138



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
09/11/1992

2. Principal Place of Business
 21 Suite, Apt. #, etc.
 22 City & State
 23 Zip
 24 Country

2a. Mailing Address
 26 Suite, Apt. #, etc.
 27 City & State
 28 Zip
 29 Country

4. FEI Number
65-0389675

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 No

9. Name and Address of Current Registered Agent
GUS DE RIBEAUX,ESQ
2903 SALZEDO STREET
THE VICTORIA BUILDING
CORAL GABLES FL 33134

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	<i>Vice President/Secretary</i>
NAME	GRCIA, C	1.2 NAME	<i>CARLOS GARCIA</i>
STREET ADDRESS	7541 NE 30 PL	1.3 STREET ADDRESS	<i>7541 NE 3 PL</i>
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	<i>MIAMI, FLA. 33138</i>
TITLE	T	2.1 TITLE	
NAME	GONZALEZ, RAUL	2.2 NAME	
STREET ADDRESS	7541 NE 3RD PLACE	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	
TITLE	VPS	3.1 TITLE	
NAME	RENATO, BARRERO R	3.2 NAME	
STREET ADDRESS	7541 NE 3RD PLACE	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	
NAME	GARCIA, J	4.2 NAME	
STREET ADDRESS	7541 NE 3 PL	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	4.4 CITY-ST-ZIP	
TITLE	VPS	5.1 TITLE	<i>President</i>
NAME	MARIN, C	5.2 NAME	<i>CARLOS MARIN</i>
STREET ADDRESS	7541 NE 3 PL	5.3 STREET ADDRESS	<i>7541 NE 3 PLACE</i>
CITY-ST-ZIP	MIAMI FL	5.4 CITY-ST-ZIP	<i>MIAMI, FLA. 33138</i>
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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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: _____ DATE: **4/26/99** DAYTIME PHONE: **(305) 758-1089**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (1/98)