


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2004 08:00 AM
Secretary of State

DOCUMENT # V63067
1. Entity Name
HISPAMER DISTRIBUTORS, INC.



Principal Place of Business Mailing Address
350 NE 75TH ST 350 NE 75TH ST
MIAMI, FL 33138 MIAMI, FL 33138

DO NOT WRITE IN THIS SPACE



04282004 No Chg-P CR2E034 (10/03)

4. FEI Number Applied For
65-0389675 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

ORTA, JORGE
2600 SW 32ND AVE
SUITE 800-B
MIAMI, FL 33129

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IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	VPS
NAME	GARCIA, CARLOS
STREET ADDRESS	350 NE 75TH ST
CITY-ST-ZIP	MIAMI, FL 33138
TITLE	AT
NAME	GONZALEZ, RAUL
STREET ADDRESS	350 NE 75TH ST
CITY-ST-ZIP	MIAMI, FL 33138
TITLE	P
NAME	MARIN, CARLOS
STREET ADDRESS	350 NE 75TH ST
CITY-ST-ZIP	MIAMI, FL 33138
TITLE	TC
NAME	RIVIERA, LUIS
STREET ADDRESS	350 NE 75TH ST
CITY-ST-ZIP	MIAMI, FL 33138
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000149413
05/03/04-80185-018 150.00

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12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Carlos N. Garcia* 4-28-04 (305) 758-1089
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #