

FILE-NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **247223** (1)

1. Corporation Name
KIRBY FOODS INC



Principal Place of Business: **3930 N W 27 ST MIAMI FL 33142**
Mailing Address: **3930 N W 27 ST MIAMI FL 33142**

3. Date Incorporated or Qualified: **05/05/1961**
3a. Date of Last Report: **04/27/1995**
4. FEI Number: **59-0940855**
Applied For: Not Applicable
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 has liability for intangible tax under s 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21 Subc. Apt. #, etc.: 22 City & State: 23 Zip: 24 Country: 25
2a. Mailing Address: 26 Suite, Apt. #, etc.: 27 City & State: 28 Zip: 29 Country: 30

9. Name and Address of Current Registered Agent

**RUIZ, ALFONSO F.
1221 ALHAMBRA CIRCLE
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

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	DT <input type="checkbox"/> DELETE
NAME	OLIVA, JUAN A
STREET ADDRESS	1111 OBISPO AVENUE
CITY-ST-ZIP	CORAL GABLES FL
TITLE	D <input type="checkbox"/> DELETE
NAME	RUIZ, ALFONSO F
STREET ADDRESS	1221 ALHAMBRA CIR
CITY-ST-ZIP	CORAL GABLES, FL 00000
TITLE	V <input type="checkbox"/> DELETE
NAME	RUIZ, AMERICA R
STREET ADDRESS	1221 ALHAMBRA CIR
CITY-ST-ZIP	CORAL GABLES, FL 00000
TITLE	D <input type="checkbox"/> DELETE
NAME	RUIZ, AMERICA R
STREET ADDRESS	1221 ALHAMBRA CIR
CITY-ST-ZIP	CORAL GABLES, FL 00000
TITLE	P <input type="checkbox"/> DELETE
NAME	RUIZ, ALFONSO F
STREET ADDRESS	1221 ALHAMBRA CIR
CITY-ST-ZIP	CORAL GABLES, FL 00000
TITLE	S <input type="checkbox"/> DELETE
NAME	MARQUEZ, JOSE M
STREET ADDRESS	780 N W LEJEUNE RD #400
CITY-S-ZIP	MIAMI FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: **Alfonso F. Ruiz, President** January 26, 1996 (305)871-4143
Date: _____ Daytime Phone #: _____

CR2E034 (12/95)