

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

**APPROVED  
AND  
FILED**

**97 APR 30 PM 12: 55**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

**PROFIT  
CORPORATION  
ANNUAL REPORT  
1997**



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

**DOCUMENT # 335271 (3)**

**1. Corporation Name  
F. C. V. MEAT SALES, INC.**



**Principal Place of Business**  
2300 CORAL WAY  
MIAMI FL 33145

**Mailing Address**  
2300 CORAL WAY  
MIAMI FL 33145-3511

**3. Date Incorporated or Qualified** 09/19/1968  
**3a. Date of Last Report** 05/01/1996

**2. Principal Place of Business**  
21 2300 CORAL WAY  
Suite, Apt. #, etc.

**2a. Mailing Address**  
26 2300 CORAL WAY  
Suite, Apt. #, etc.

**4. FEI Number** 59-1223778  
Applied For  
 Not Applicable

**22 #** 200  
**City & State**  
23 MIAMI FLORIDA

**27 #** 200  
**City & State**  
28 MIAMI FLORIDA

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

**24 Zip** 33145 **25 Country** US  
**29 Zip** 33145 **30 Country** US

**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

**9. Name and Address of Current Registered Agent**

**10. Name and Address of New Registered Agent**

**FLORIDA ANNUAL REPORT SERVICES INC  
2300 CORAL WAY  
#200  
MIAMI FL 33145**

**81 Name**  
**82 Street Address (P.O. Box Number is Not Acceptable)**  
**83**  
**84 City** **85 Zip Code** FL

**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]* **AMADA CANTERA LOPEZ, PRES** **DATE** 4/23/97  
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**

<b>TITLE</b>	<b>PD</b>	<input type="checkbox"/> DELETE
<b>NAME</b>	<b>CABELLO, ENRIQUE</b>	
<b>STREET ADDRESS</b>	<b>11010 W. FLAGLER ST.</b>	
<b>CITY - ST - ZIP</b>	<b>MIAMI FL</b>	
<b>TITLE</b>	<b>D</b>	<input type="checkbox"/> DELETE
<b>NAME</b>	<b>CABELLO, JORGE</b>	
<b>STREET ADDRESS</b>	<b>11010 W. FLAGLER ST.</b>	
<b>CITY - ST - ZIP</b>	<b>MIAMI FL</b>	
<b>TITLE</b>		<input type="checkbox"/> DELETE
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY - ST - ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> DELETE
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY - ST - ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> DELETE
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY - ST - ZIP</b>		

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

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\*\*\*\*165.00 \*\*\*\*165.00

*[Signature]* 4/23/97

**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 as an attachment with an address.**

**SIGNATURE:** *[Signature]* **SIGNATURE REQUIRED** **DATE** 4/23/97  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (9/96)