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

FILED
Mar 29, 1999 8:00 am
Secretary of State

03-29-1999 90081 041 ***150.00

0269781

PROFIT CORPORATION ANNUAL REPORT

1999

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

DOCUMENT # 362171

1. Corporation Name
RADER FOODS, INC.

Principal Place of Business	Mailing Address
50 NW 19TH ST MIAMI FL 33136	PO BOX 016025 MIAMI FL 33101-5025 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed: 04/06/1970

2. Principal Place of Business	2a. Mailing Address
21 2900 NW 75 St.	26 2900 NW 75 St.
Suite, Apt. #, etc. 22 C 200	Suite, Apt. #, etc. 27 C 200
City & State 23 Miami, FL	City & State 28 Miami, FL
Zip / Country 24 33147 25 DADE	Zip / Country 29 33147 30 DADE

4. FEI Number: 59-1349930 ☐ Applied For ☐ Not Applicable

5. Certifcate 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	10. Name and Address of New Registered Agent
TALVITIE, HEIKKI J. 50 NW 19TH STREET, SUITE 6 MIAMI FL 33136	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	PD	☐ DELETE	1.1 TITLE		☒ Change ☐ Addition
NAME	RADER, KARL E.		1.2 NAME		
STREET ADDRESS	7350 LOCH NESS DR		1.3 STREET ADDRESS	P.O. Box 5844	
CITY-ST-ZIP	MIAMI LAKES FL		1.4 CITY-ST-ZIP		
TITLE	ST	☐ DELETE	2.1 TITLE		☒ Change ☐ Addition
NAME	RADER, DAGMAR R.		2.2 NAME		
STREET ADDRESS	7350 LOCH NESS DR		2.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI LAKES FL		2. 4 CITY-ST-ZIP		
TITLE	V	☐ DELETE	3.1 TITLE		☒ Change ☐ Addition
NAME	TALVITIE, HEIKKI J.		3.2 NAME		
STREET ADDRESS	50 NW 19TH ST.		3.3 STREET ADDRESS	2900 NW 75 St. Suite C 200	
CITY-ST-ZIP	MIAMI FL		3.4. CITY-ST-ZIP	Miami, FL 33147	
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (11/98)

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: DAGMAR RADER DAGMAR RADER 3/25/99 305 836-1711
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #