2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #   370198

1. Entity Name

EL TORO MEAT PACKING, CORP.

Principal Place of Business	Mailing Address
2300 CORAL WAY SUITE 200 MIAMI FL 33145	2300 CORAL WAY SUITE 200 MIAMI FL 33145

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2300 Coral Way	3. Mailing Address 2300 Coral Way		
Suite, Apt. #, etc. Suite # 200	Suite, Apt. #, etc. Suite # 200		
City & State Miami, Florida	City & State Miami, Florida	**4. FEI Number** 59-1303093	Applied For / Not Applicable
Zip 33145	Country US	Zip 33145 Country US	**5.** Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
FLORIDA ANNUAL REPORT SERVICES INC 2300 CORAL WAY SUITE 200 MIAMI FL 33145	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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.

SIGNATURE _____ AMADA CANTERA LOPEZ, President   3/28/02

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS $150.00
After May 1, 2002 Fee will be $550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐   **$5.00** May Be Added to Fees

11.	OFFICERS AND DIRECTORS		12.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RODRIGUEZ, HORTENSIA 1025 S.W. 11TH STREET MIAMI FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	800005315338--5 -04/22/02--01120--026 ****150.00 ****150.00	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V RODRIGUEZ, CLAUDIO 3170 N.W. 111TH AVENUE MIAMI FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD RODRIGUEZ, CLAUDIO 3170 S.W. 111TH AVE. MIAMI FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD RODRIGUEZ, GILDA M 1324 S.W. 62ND ST. #P108 MIAMI FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #

CR2E034 (9/01)