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CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 APR 21 PM 3:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **543149** **(9)**

1. Corporation Name

FOOD & FEEDSTUFFS INTERNATIONAL, INC.

Principal Place of Business	Mailing Address
2655 LE JEUNE ROAD SUITE 611 CORAL GABLES FL 33134 US	Peninsula Registered Agents, Inc. 200 S. Biscayne Blvd., Suite 4874 MIAMI FL 33131-1903 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/10/1977	3a. Date of Last Report: 01/31/1994
4. FEI Number: 59-1772587	☐ 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	2a. Mailing Address
21	26 200 S. Biscayne Blvd.
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 Suite 4874
City & State 23	City & State 28 Miami, Florida
Zip 24 / Country 25	Zip 29 33131 / Country 30 U.S.A.

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
PENINSULA REGISTERED AGENTS, INC. 200 S. Biscayne Blvd., Suite 4874 Miami, Fl. 33131	81 Name: PENINSULA REGISTERED AGENTS, INC. 82 Street Address (P.O. Box Number is Not Acceptable): 200 S. Biscayne Blvd., Suite 4874 83 84 City: Miami FL 85 Zip Code: 33131

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	V	11 TITLE	☐ Change ☐ Addition
NAME	MAGILL, LORRAINE	12 NAME	
STREET ADDRESS	2655 LE JEUNE ROAD - SUITE 611	13 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES, FL 00000	14 CITY-ST-ZIP	
TITLE	PD	21 TITLE	☐ Change ☐ Addition
NAME	BUNGE, SIEGFRIED H	22 NAME	
STREET ADDRESS	2655 LE JEUNE ROAD - SUITE 611	23 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL	24 CITY-ST-ZIP	
TITLE	STD	31 TITLE	☐ Change ☐ Addition
NAME	BUNGE, MARGARETE	32 NAME	
STREET ADDRESS	2655 LE JEUNE ROAD - SUITE 611	33 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL	34 CITY-ST-ZIP	
TITLE	V	41 TITLE	☐ Change ☐ Addition
NAME	HORMAZABAL, FREDDY	42 NAME	
STREET ADDRESS	2655 LE JEUNE RD, STE 611	43 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL	44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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)(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.

SIGNATURE: L. Magill 4/18/95 (305) 448-2132
SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR OR OFFICER Date Daytime Phone #

LORRAINE MAGILL / V. P.

0131886 CP