

**• SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

<b>PROFIT CORPORATION ANNUAL REPORT 1996</b>		<b>FLORIDA DEPARTMENT OF STATE</b> Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # F07131 (8)**  
 1. Corporation Name  
**UNITED AMERICAN FOOD PROCESSORS OF FLORIDA, INC.**



Principal Place of Business <b>1133 53RD COURT N. MANGONIA PARK FL 33407</b>	Mailing Address <b>1133 53RD COURT N. MANGONIA PARK FL 33407</b>
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified <b>11/26/1980</b>	3a. Date of Last Report <b>02/14/1995</b>
Suite, Apt #, etc 22	Suite, Apt #, etc 27	4. FEI Number <b>59-2044612</b>	Applied For Not Applicable
23	28	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
29	30	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

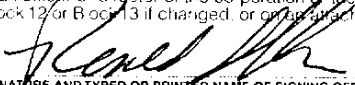
9. Name and Address of Current Registered Agent <b>RUBIN, AMY S. 777 S. FLAGLER, SUITE 202 WEST PALM BEACH FL 33401</b>		10. Name and Address of New Registered Agent	
		81. Name	
		82. Street Address (P.O. Box Number is Not Acceptable)	
		83.	
		84. City	<b>FL</b> 85. Zip Code

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 of principal officer, chief financial officer and the applicable (FCR) Registered Agent signature required after reinstating (CR)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PD</b>	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KOHN, RONALD S.</b>	12 NAME	
STREET ADDRESS	<b>1133 53RD COURT N.</b>	13 STREET ADDRESS	
CITY - ST - ZIP	<b>MANGONIA PARK FL</b>	14 CITY - ST - ZIP	
TITLE	<b>V</b>	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KOHN, ROBERT</b>	22 NAME	
STREET ADDRESS	<b>1133 53RD COURT N.</b>	23 STREET ADDRESS	
CITY - ST - ZIP	<b>MANGONIA PARK FL</b>	24 CITY - ST - ZIP	
TITLE	<b>S</b>	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KOHN, AMY S.</b>	32 NAME	
STREET ADDRESS	<b>1133 53RD COURT N.</b>	33 STREET ADDRESS	
CITY - ST - ZIP	<b>MANGONIA PARK FL</b>	34 CITY - ST - ZIP	
TITLE	<b>T</b>	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KOHN, IRENE</b>	42 NAME	
STREET ADDRESS	<b>1133 53RD COURT N.</b>	43 STREET ADDRESS	
CITY - ST - ZIP	<b>MANGONIA PARK FL</b>	44 CITY - ST - ZIP	
TITLE	<b>D</b>	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KOHN, ROBERT</b>	52 NAME	
STREET ADDRESS	<b>1133 53RD COURT N.</b>	53 STREET ADDRESS	
CITY - ST - ZIP	<b>MANGONIA PARK FL</b>	54 CITY - ST - ZIP	
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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)(k), Florida Statutes. I further certify that the information included 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:  **6/14/96** **561-841-6644**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (3/96)