

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # G16884 (0)**  
1. Corporation Name  
**MEGA FOODS, INC**



Principal Place of Business: **8390 N.W. 53RD STREET, SUITE 314 MIAMI FL 33166**  
Mailing Address: **8390 N.W. 53RD STREET, SUITE 314 MIAMI FL 33166**

2. Principal Place of Business: 21 Subj., Apt. #, etc. 22 City & State 23 Zip Country 24  
2a. Mailing Address: 26 Subj., Apt. #, etc. 27 City & State 28 Zip Country 29 30

3. Date Incorporated or Qualified: **12/29/1982** 3a. Date of Last Report: **05/01/1995**  
4. FEI Number: **59-2246238** 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

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

**MENENDEZ, PEDRO  
8860 S.W. 102 TERR.  
MIAMI FL 33176**

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

81 None  
82 Street Address (P.O. Box Number is Not Acceptable): **435 Leucadendra Drive**  
83  
84 City: **Coral Gables** FL 85 Zip Code: **33156**

11. Pursuant to the provisions of Sections 607.0607 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 607.0607, Florida Statutes.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**12. OFFICERS AND DIRECTORS**

12.1 TITLE: **PD**  DELETE  
NAME: **GARCIA, HORACIO S**  
STREET ADDRESS: **8820 S.W. 104 ST.**  
CITY, STATE, ZIP: **MIAMI, FL 00000**

12.2 TITLE: **SDV**  DELETE  
NAME: **MENENDEZ, PEDRO**  
STREET ADDRESS: **8860 S.W. 102 TERR.**  
CITY, STATE, ZIP: **MIAMI, FL 00000**

12.3 TITLE:  DELETE

12.4 TITLE:  DELETE

12.5 TITLE:  DELETE

12.6 TITLE:  DELETE

12.7 TITLE:  DELETE

12.8 TITLE:  DELETE

12.9 TITLE:  DELETE

12.10 TITLE:  DELETE

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

13.1 TITLE:  Change  Addition  
13.2 NAME:  
13.3 STREET ADDRESS:  
13.4 CITY-STATE-ZIP: **33176**

13.5 TITLE:  Change  Addition  
13.6 NAME: **435 LEUCADENDRA DRIVE**  
13.7 STREET ADDRESS: **CORAL GABLES, FL 33156**

13.8 TITLE:  Change  Addition  
13.9 NAME:  
13.10 STREET ADDRESS:  
13.11 CITY-STATE-ZIP:

13.12 TITLE:  Change  Addition  
13.13 NAME:  
13.14 STREET ADDRESS:  
13.15 CITY-STATE-ZIP:

13.16 TITLE:  Change  Addition  
13.17 NAME:  
13.18 STREET ADDRESS:  
13.19 CITY-STATE-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 indicated on this annual report or supplementary 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 register 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 attached list with an address.

SIGNATURE: **PEDRO MENENDEZ** 2/12/96 (806) 477-4104  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)