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

PROFIT -CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # G16884

1. Corporation Name

MEGA FOODS INC

FILED Jan 29, 1999 8:00am **Secretary of State**

01-29-1999 90069 043 ***158.75

MEGAT	CODS, INC								
Principal Plac	ce of Business	Mailing Address				1 (00) the property of the pro		1811 BYB11 DIBIL 1	11841 61611 1881
8390 N.W. 53RD STREET. SUITE 314 MIAMI FL 33166		8390 N.W. 53RD STREET, SUITE 314 MIAMI FL 33166							
						DO NOT WRIT	E IN THIS	SPACE	
						3. Date incorporated or Qualifed 12/29/1982			
2. Principal P	Place of Business	2a. Mailing Address				4. FEI Number		Ар	plied For
21	-	26				59-2246238			t Applicable
Suite, Apt.	. #, etc.	Suite, Apt. #, etc.				5. Certifcate of Status Desired	9	\$8.75 A	
City & Stat	te	City & State				Election Campaign Financing Trust Fund Contribution		\$5.00 Added t	
Zip	Country	Zip	C	ountry		8. This corporation owes the curre	nt year Inta	angible	
24	. 25	29	30			Personal Property Tax.	_	₽ Yes	□No
	9. Name and Address of Curre	nt Registered Agent				10. Name and Address of New Ro	egistered /	Agent	
1.451	UENDEZ DEDDA	ş		81	Name				
435	NENDEZ, PEDRO LEUCADENDRA DRIVE			82	Street Add	Iress (P.O. Box Number is Not Acceptal	ole)		
COF	RAL GABLES FL 33156			83		1990年		A. 7 11 13.	K 194 (d)
				84	City		FL	85 Zip (Code **
agent. I a	am familiar with, and accept the obliga	of Florida. Such change was a	authoriz	ed by t	the corporati	poration submits this statement for the points board of directors. I hereby accept	the appoin	changing its ntment as re	registered gistered
öffice or i agent. I a SIGNATURE	registered agent, or both, in the State am familiar with, and accept the obligations of the obligation	of Florida. Such change was a ations of, Section 607.0505, Floring and title if applicable. (NOTE	authoriz orida St E: Register	red by t latutes. red Agent	the corporation	ion's board of directors. I hereby accept	the appoin	ntment as re	gistered
agent. I a SIGNATURE	registered agent, or both, in the State am familiar with, and accept the obligation Signature, typed or printed name of registered age OFFICERS AI	of Florida. Such change was a ations of, Section 607.0505, Flo ent and title if applicable. (NOTI ND DIRECTORS	euthoriz orida St E: Register	red by t tatutes. Fred Agent 3.	the corporation	ion's board of directors. I hereby accept ed when reinstating). ADDITIONS/CHANGES TO OFF	the appoin	D DIRECTO	RS IN 12
SIGNATURE 12.	registered agent, or both, in the State am familiar with, and accept the obligation of the state	of Florida. Such change was a ations of, Section 607.0505, Floring and title if applicable. (NOTE	euthoriz orida St E: Register 1:	zed by t latutes. red Agent 3.	the corporation	ion's board of directors. I hereby accept	the appoin	ntment as re	gistered
agent. I a SIGNATURE 12. TITLE NAME	registered agent, or both, in the State am familiar with, and accept the obliga Signature, typed or printed name of registered age OFFICERS AT PD GARCIA, HORACIO S	of Florida. Such change was a ations of, Section 607.0505, Flo ent and title if applicable. (NOTI ND DIRECTORS	euthoriz orida St E: Register 1:1 1.1	red by thatutes. red Agent 3. I TITLE NAME	the corporation	ion's board of directors. I hereby accept ed when reinstating). ADDITIONS/CHANGES TO OFF	the appoin	D DIRECTO	RS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS	registered agent, or both, in the State am familiar with, and accept the obligation of registered age OFFICERS AT PD GARCIA, HORACIO S 6850 RIVIERA DR	of Florida. Such change was a ations of, Section 607.0505, Flo ent and title if applicable. (NOTI ND DIRECTORS	E: Register 1: 1.1 1.2	red by thatutes. red Agent 3. I TITLE NAME 3 STREET.	t signature require	ion's board of directors. I hereby accept ed when reinstating). ADDITIONS/CHANGES TO OFF	the appoin	D DIRECTO	RS IN 12
agent. I a SIGNATURE 12. TITLE NAME	registered agent, or both, in the State am familiar with, and accept the obliga Signature, typed or printed name of registered age OFFICERS AT PD GARCIA, HORACIO S	of Florida. Such change was a ations of, Section 607.0505, Flo ent and title if applicable. (NOTI ND DIRECTORS	E: Register 1: 1.1 1.2 1.3	red by thatutes. red Agent 3. I TITLE NAME	t signature require	ion's board of directors. I hereby accept ed when reinstating). ADDITIONS/CHANGES TO OFF	the appoin	D DIRECTO	RS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	registered agent, or both, in the State am familiar with, and accept the obligation of FICERS AND OFFICERS AND GARCIA, HORACIO S 6850 RIVIERA DR CORAL GABLES FL SDV	of Florida. Such change was a ations of, Section 607.0505, Florida intenditie if applicable. (NOTIND DIRECTORS DELETE	E: Register 1: 1.1 1.2 1.3 1.4 2.1	red by thatutes. red Agent 3. I TITLE NAME STREET. I CITY-ST	t signature require	ion's board of directors. I hereby accept ed when reinstating). ADDITIONS/CHANGES TO OFF	the appoin	D DIRECTO	RS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	registered agent, or both, in the State am familiar with, and accept the obligation of registered age OFFICERS AT PD GARCIA, HORACIO S 6850 RIVIERA DR CORAL GABLES FL SDV MENENDEZ, PEDRO	of Florida. Such change was a ations of, Section 607.0505, Florida intenditie if applicable. (NOTIND DIRECTORS DELETE	E: Register 113 1.1 1.2 1.3 1.4 2.1	red by thatutes. ared Agent 3. TITLE NAME STREET TITLE NAME	t signature require	ion's board of directors. I hereby accept ed when reinstating). ADDITIONS/CHANGES TO OFF	the appoin	D DIRECTO	RS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	registered agent, or both, in the State am familiar with, and accept the obligation of the obligation	of Florida. Such change was a ations of, Section 607.0505, Florida intenditie if applicable. (NOTIND DIRECTORS DELETE	E: Register 11: 1.1 1.2 1.3 1.4 2.1 2.2 2.3	red by thatutes. area Agent a. TITLE NAME STREET TITLE NAME NAME NAME	ADDRESS ADDRESS	ion's board of directors. I hereby accept ed when reinstating). ADDITIONS/CHANGES TO OFF	the appoin	D DIRECTO	RS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	registered agent, or both, in the State am familiar with, and accept the obligation of Fricers at OFFICERS AT PD GARCIA, HORACIO S 6850 RIVIERA DR CORAL GABLES FL SDV MENENDEZ, PEDRO 435 LEUCADENDRA DRIVE	of Florida. Such change was a ations of, Section 607.0505, Florida intenditie if applicable. (NOTIND DIRECTORS DELETE	E: Register 13 1.1 1.2 1.3 1.4 2.1 2.2 2.3	red by thatutes. ared Agent 3. TITLE NAME STREET TITLE NAME	ADDRESS ADDRESS	ion's board of directors. I hereby accept ed when reinstating). ADDITIONS/CHANGES TO OFF	the appoin	D DIRECTO	RS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	registered agent, or both, in the State am familiar with, and accept the obligation of the obligation	of Florida. Such change was a ations of, Section 607.0505, Florida and title if applicable. (NOTE ND DIRECTORS DELETE	E: Register 1: 1:1 1.1 1.2 1.3 1.4 2.1 2.2 2.3 2.4 3.1	red by thatutes. ared Agent 3. ITITLE NAME STREET ITITLE NAME NAME STREET THAT STREET STREET STREET	ADDRESS ADDRESS	ion's board of directors. I hereby accept ed when reinstating). ADDITIONS/CHANGES TO OFF	the appoin	D DIRECTO Change	RS IN 12 Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	registered agent, or both, in the State am familiar with, and accept the obligated agent of registered agent of the state of registered agent o	of Florida. Such change was a ations of, Section 607.0505, Florida and title if applicable. (NOTE ND DIRECTORS DELETE	E: Register 1: 1.1 1.2 1.3 1.4 2.1 2.2 2.3 2.4 3.1 3.2	red by thatutes. ared Agent 3. I TITLE NAME STREET CITY-ST TITLE NAME STREET CITY-ST TITLE NAME STREET ACITY-ST TITLE	ADDRESS ADDRESS	ion's board of directors. I hereby accept ed when reinstating). ADDITIONS/CHANGES TO OFF	the appoin	D DIRECTO Change	RS IN 12 Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME STREET ADDRESS	registered agent, or both, in the State am familiar with, and accept the obligation of the state	of Florida. Such change was a ations of, Section 607.0505, Florida and title if applicable. (NOTE ND DIRECTORS DELETE	E: Register 1: 1.1 1.2 1.3 1.4 2.1 2.2 2.3 2.4 3.1 3.2 3.3	red by thatutes. ared Agent 3. I TITLE NAME STREET CITY-ST TITLE NAME STREET CITY-ST TITLE NAME STREET ACITY-ST TITLE	ADDRESS T-ZIP ADDRESS ADDRESS	ion's board of directors. I hereby accept ed when reinstating) ADDITIONS/CHANGES TO OFF	the appoin	D DIRECTO Change	RS IN 12 Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	registered agent, or both, in the State am familiar with, and accept the obligated agent of registered agent of the state of registered agent o	of Florida. Such change was a ations of, Section 607.0505, Florida and title if applicable. (NOTE ND DIRECTORS DELETE	E: Register 1: 1.1 1.2 1.3 1.4 2.1 2.2 2.3 2.4 3.1 3.2 3.3 3.4	red by tatutes. red Agent 3. ITITLE NAME STREET ITITLE NAME STREET STREET 4 CITY-ST ITITLE NAME STREET 4 CITY-ST ITITLE NAME STREET NAME STREET	ADDRESS T-ZIP ADDRESS ADDRESS	ion's board of directors. I hereby accept ed when reinstating) ADDITIONS/CHANGES TO OFF	the appoin	D DIRECTO Change	RS IN 12 Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	registered agent, or both, in the State am familiar with, and accept the obligation of the state am familiar with, and accept the obligation of the state and accept the obligation of the state agent of the state and of the stat	of Florida. Such change was a ations of, Section 607.0505, Florida and title if applicable. (NOTI ND DIRECTORS DELETE DELETE	E: Register 11: 1.1 1.2 1.3 1.4 2.1 2.2 2.3 2.4 3.1 3.2 3.3 4.4	red by thatutes. red Agent 3. ITITLE 2 NAME 3 STREET. ITITLE 2 NAME 3 STREET. 4 CITY-ST 1 TITLE 2 NAME 3 STREET. 4 CITY-ST 1 TITLE 2 NAME 3 STREET. 4 CITY-ST 1 TITLE 2 NAME 3 STREET.	ADDRESS T-ZIP ADDRESS ADDRESS	ion's board of directors. I hereby accept ed when reinstating) ADDITIONS/CHANGES TO OFF	the appoin	D DIRECTO Change Change	RS IN 12 Addition Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	registered agent, or both, in the State am familiar with, and accept the obligated agent of registered agent of the state of	of Florida. Such change was a ations of, Section 607.0505, Florida and title if applicable. (NOTI ND DIRECTORS DELETE DELETE	E: Register 1:1 1:1 1:2 1:3 1:4 2:1 3:1 3:2 4:1 4:1	red by thatutes. ared Agent 3. ITITLE NAME 3 STREET. ITITLE NAME 1 TITLE NAME 2 NAME 2 NAME 3 STREET. ITITLE 2 NAME 4 CITY-SI 1 TITLE 2 NAME 5 STREET.	ADDRESS T-ZIP ADDRESS ADDRESS	ion's board of directors. I hereby accept ed when reinstating) ADDITIONS/CHANGES TO OFF	the appoin	D DIRECTO Change Change	RS IN 12 Addition Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	registered agent, or both, in the State am familiar with, and accept the obligated agent of registered agent of the state of	of Florida. Such change was a ations of, Section 607.0505, Florida in the influence of the section 607.0505, Florida in the influence of the section of the	E: Register 1: 1.1 1.2 1.3 1.4 2.1 3.2 2.3 3.4 4.1 4.2 4.3	red by tatutes. red Agent 3. I TITLE NAME STREET ICITY-ST ITILE NAME STREET ICITY-ST ITILE NAME STREET ICITY-ST ITILE NAME STREET ICITY-ST ITILE	ADDRESS F-ZIP ADDRESS F-ZIP ADDRESS F-ZIP ADDRESS F-ZIP	ion's board of directors. I hereby accept ed when reinstating) ADDITIONS/CHANGES TO OFF	the appoin	D DIRECTO Change Change Change	RS IN 12 Addition Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	registered agent, or both, in the State am familiar with, and accept the obligated agent of registered agent of the state of	of Florida. Such change was a ations of, Section 607.0505, Florida and title if applicable. (NOTI ND DIRECTORS DELETE DELETE	E: Register 11: 1.1 1.2 1.3 1.4 2.1 2.2 2.3 2.4 3.1 3.2 4.1 4.2 4.3 4.4	red by thatutes. ared Agent 3. I TITLE NAME STREET. CITY-ST TITLE	ADDRESS F-ZIP ADDRESS F-ZIP ADDRESS F-ZIP ADDRESS F-ZIP	ion's board of directors. I hereby accept ed when reinstating) ADDITIONS/CHANGES TO OFF	the appoin	D DIRECTO Change Change	RS IN 12 Addition Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	registered agent, or both, in the State am familiar with, and accept the obligated agent of registered agent of the state of	of Florida. Such change was a ations of, Section 607.0505, Florida in the influence of the section 607.0505, Florida in the influence of the section of the	E: Register 1:1 1:1 1:2 1:3 1:4 2:1 3:3 3:4 4:1 4:2 4:3 5:1 5:2	red by thatutes. red Agent 3. I TITLE NAME 3 STREET. I CITY-ST I TITLE NAME 3 STREET. I CITY-ST I TITLE NAME 5 STREET. I CITY-ST I TITLE 2 NAME 5 STREET. I CITY-ST I TITLE 2 NAME 6 STREET. I CITY-ST I TITLE 2 NAME 6 STREET. I CITY-ST I TITLE 2 NAME	ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP	ion's board of directors. I hereby accept ed when reinstating) ADDITIONS/CHANGES TO OFF	the appoin	D DIRECTO Change Change Change	RS IN 12 Addition Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	registered agent, or both, in the State am familiar with, and accept the obligation of the state of the obligation of the state of the obligation of the obl	of Florida. Such change was a ations of, Section 607.0505, Florida in the influence of the section 607.0505, Florida in the influence of the section of the	E: Register 1: 1.1 1.2 1.3 1.4 2.1 3.2 2.3 2.4 3.1 3.2 4.3 4.1 4.2 5.1 5.2	red by tatutes. red Agent 3. ITITLE NAME STREET. CITY-ST ITITLE NAME STREET.	ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP	ion's board of directors. I hereby accept ed when reinstating) ADDITIONS/CHANGES TO OFF	the appoin	D DIRECTO Change Change Change	RS IN 12 Addition Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	registered agent, or both, in the State am familiar with, and accept the obligation of the state of the obligation of the state of the obligation of the obl	of Florida. Such change was a ations of, Section 607.0505, Florida and title if applicable. (NOTE ND DIRECTORS DELETE DELETE DELETE	E: Register 1:1 1:1 1:2 1:3 1:4 2:1 3:3 3:4 4:1 4:2 5:1 5:2 5:3 5:4	red by thatutes. red Agent 3. I TITLE NAME 3 STREET. I CITY-ST I TITLE NAME 3 STREET. I CITY-ST I TITLE NAME 3 STREET. I CITY-ST I TITLE 2 NAME 3 STREET. I CITY-ST I TITLE 3 STREET.	ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP	ion's board of directors. I hereby accept ed when reinstating) ADDITIONS/CHANGES TO OFF	the appoin	D DIRECTO Change Change Change Change	RS IN 12 Addition Addition Addition Addition Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE	registered agent, or both, in the State am familiar with, and accept the obligation of registered age OFFICERS AT PD GARCIA, HORACIO S 6850 RIVIERA DR CORAL GABLES FL SDV MENENDEZ, PEDRO 435 LEUCADENDRA DRIVE CORAL GABLES FL	of Florida. Such change was a ations of, Section 607.0505, Florida in the influence of the section 607.0505, Florida in the influence of the section of the	E: Register 1: 1.1 1.2 1.3 1.4 2.1 3.2 2.3 2.4 3.1 3.2 4.3 4.4 5.1 5.2 5.3 5.4 6.1	red by thatutes. red Agent 3. ITITLE NAME STREET ITITLE	ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP	ion's board of directors. I hereby accept ed when reinstating) ADDITIONS/CHANGES TO OFF	the appoin	D DIRECTO Change Change Change	RS IN 12 Addition Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	registered agent, or both, in the State am familiar with, and accept the obligation of the state am familiar with, and accept the obligation of the obligati	of Florida. Such change was a ations of, Section 607.0505, Florida and title if applicable. (NOTE ND DIRECTORS DELETE DELETE DELETE	E: Register 1: 1.1 1.2 1.3 1.4 2.1 2.2 2.3 2.4 3.1 3.2 4.3 4.4 5.1 5.2 5.3 5.4 6.1 6.2	red by that tees. and Agent 3. I TITLE NAME STREET. ITILE NAME NAME NAME NAME NAME NAME NAME	ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP	ion's board of directors. I hereby accept ed when reinstating) ADDITIONS/CHANGES TO OFF	the appoin	D DIRECTO Change Change Change Change	RS IN 12 Addition Addition Addition Addition Addition

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: