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**Jan 29 1997 8:00am
Secretary of State**

**PROFIT CORPORATION
ANNUAL REPORT
1997**



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

DOCUMENT # J90865 (3)

1. Corporation Name
ALMA FOOD IMPORTS, INC.



Principal Place of Business
**5151 S LAKELAND DR #10
LAKELAND FL 33813
US**

Mailing Address
**P. O. BOX 5475
LAKELAND FL 33807-5475
US**

3. Date Incorporated or Qualified 09/01/1987	3a. Date of Last Report 03/20/1996
4. FEI Number 59-2844784	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
6. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 3003 So. Florida Ave. Suite, Apt. #, etc.	26 3003 So. Fla. Ave Suite, Apt. #, etc.
22 Suite #204 City & State	27 Suite #204 City & State
23 Lakeland, Florida Zip Country 24 33803-4050 25 U.S.A.	28 Lakeland, Florida Zip Country 29 33803-4050 30 U.S.A.

9. Name and Address of Current Registered Agent CRAFT, BRENDA C 1104 STONEBROOKE LN. LAKELAND FL 33803	10. Name and Address of New Registered Agent
	81 Name
	82 Street Address (P.O. Box Number is Not Acceptable)
	83
	84 City
	85 Zip Code FL

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FANCELLIS, MAURO A.	1.2 NAME	
STREET ADDRESS	VICCHIO E.PATERN0 8	1.3 STREET ADDRESS	
CITY - ST - ZIP	RIPOLI, FLORENCE, ITALY	1.4 CITY - ST - ZIP	
TITLE	STD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FANCELLI, JULIE J.	2.2 NAME	
STREET ADDRESS	VICCHIO E.PATERN0 8	2.3 STREET ADDRESS	
CITY - ST - ZIP	RIPOLI, FLORENCE, ITALY	2.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GHERARDI, ALBERTO	3.2 NAME	
STREET ADDRESS	V. VALDICHIANA 86	3.3 STREET ADDRESS	
CITY - ST - ZIP	FLORENCE, ITALY	3.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do 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.

SIGNATURE: **Brenda C. Craft** *Brenda C. Craft* **01/23/1997 904-8020076**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)