

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR 30 AM 8:21

DOCUMENT # **K21858** (1)
1. Corporation Name
AGRO FOODS, INC.

Principal Place of Business Mailing Address
% MIGUEL M. GONZALWZ. ESO. **% MIGUEL M. GONZALEZ ESO.**
370 MINORCA AVE. STE. 12 **370 MINORCA AVE. STE. 12**
CORAL GABLES FL 33134 **CORAL GABLES FL 33134**
US **US**

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21		26		04/26/1988	03/29/1994
Suits, Apt. #, etc.		Suits, Apt. #, etc.		4. FEI Number	Applied For
22		27		65-0056820	Not Applicable
City & State		City & State		5. Certificate of Status Desired	\$8.75 Additional Fee Required
23		28		<input type="checkbox"/>	
Zip	Country	Zip	Country	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24	25	29	30	<input type="checkbox"/>	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	

GONZALEZ, MIGUEL M.
370 MINORCA AVE, SUITE 12
CORAL GABLES FL 33134

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
SUITE 5
83
84 City **FL** 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 (print or printed name of registered agent and title if applicable)

NOTE: Registered Agent signature required when reappointing.

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DC	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DE LA SERNA-M, PABLO	1.2 NAME	
STREET ADDRESS	370 MINORCA AVE, SUITE 12	1.3 STREET ADDRESS	Suite 5
CITY- ST- ZIP	CORAL GABLES FL	1.4 CITY- ST- ZIP	
TITLE	DP	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DE LA SERNA-V, RICARDO	2.2 NAME	
STREET ADDRESS	370 MINORCA AVE, SUITE 12	2.3 STREET ADDRESS	Suite 5
CITY- ST- ZIP	CORAL GABLES FL	2.4 CITY- ST- ZIP	
TITLE	DVT	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DE LA SERNA-M, EUTIMIO	3.2 NAME	
STREET ADDRESS	370 MINORCA AVE, SUITE 12	3.3 STREET ADDRESS	Suite 5
CITY- ST- ZIP	CORAL GABLES FL	3.4 CITY- ST- ZIP	
TITLE	DV	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DE LA SERNA-L, JESUS	4.2 NAME	
STREET ADDRESS	370 MINORCA AVE, SUITE 12	4.3 STREET ADDRESS	Suite 5
CITY- ST- ZIP	CORAL GABLES FL	4.4 CITY- ST- ZIP	
TITLE	S	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GONZALEZ, MIGUEL M	5.2 NAME	
STREET ADDRESS	370 MINORCA AVE, SUITE 12	5.3 STREET ADDRESS	Suite 5
CITY- ST- ZIP	CORAL GABLES FL	5.4 CITY- ST- ZIP	
TITLE		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 in this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(g), Florida Statutes. I further certify that the information indicated on this 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; and that I am authorized by the board of directors of the corporation to execute the report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed.

SIGNATURE:

SIGNATURE AND TYPE OF SIGNING OFFICER OR DIRECTOR

2/24/95 461-1650

Date

Signature Number

MIGUEL M. GONZALEZ
PROFESSIONAL ASSOCIATION

SUITE 5, THE LAW CENTER
370 MINORCA AVENUE
CORAL GABLES, FLORIDA 33134

TELEPHONE (305) 461-1630

FACSIMILE (305) 448-8461

March 9, 1995

Our File No. 6703001

Secretary of State
Division of Corporation
Annual Reports
Caller Service #1500
Tallahassee, Florida 32302-1500

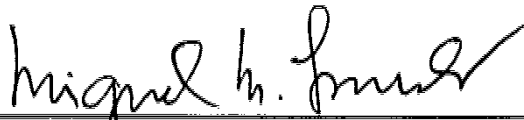
Re: K21858
AGRO FOODS., INC.,
a Florida corporation

Dear Sir:

Enclosed is the executed 1995 Corporation Annual Report for the above-referenced corporation.

I also enclosed a check payable to the Secretary of State in the amount \$200.00, representing your filing fee.

Sincerely yours,



Miguel M. Gonzalez

Enclosures