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

**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # M14769

ABANTO-CONROY FOOD CORP.

Principal Place of Business 7971 SW 40TH ST. #17 7971 SW 90 ST #17 MIAMI FL 33155 US		Mailing Address 7971 SW 40TH ST. #17 7971 SW 90 ST #17 MIAMI FL 33155-6749 US			
				3. Date Incorporated or Qualified 05/01/1985	3a. Date of Last Report 01/24/1996
21 7971	lace of Business SW 40 Sf #17	26. 7971 Sw 4	ost #17	4. FEI Number 59-2524461	Applied For Not Applicable
Suite, Apt		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	MIDMI, ELA.	City & State  28 HIMM		Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 33	Country DADE	29 33/55 3	Country 0 DADE	This corporation has liability for in Florida Statutes	Yes No
9. Name and Address of Current Registered Agent  ABANTO, MARIO  81 Name Name					
	1 S.W. 40 ST.				
UNITE 17				ress (P.O. Box Number is Not Acceptable	e)
	MI FL 33155		83		
			84 City	<del></del>	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 type or with princed registered agent and tible of applicable (NOTE: Registered Agent signature required when reinstating)  DATE					
12.	Signature Typic or printed name of registered agent		13.	ADDITIONS/CHANGES TO OFFIC	DATE FRS AND DIRECTORS IN 12
TITLE	D	DELETE	1.1 TITLE	ADDITIONG/OFFIANALS TO OFFICE	Change Addition
NAME	ABANTO, MARIO		1.2 NAME		-
STREET ADDRESS	9500 SW 93RD AVE.		1.3 STREET ADDRESS		
CITY+S1+Z(P	MIAMI FL		1.4 CITY - ST - ZIP		
TITLE		☐ DELETE	2.1 TITLE	'	Change Addition
NAME			2.2 NAME	i	
STREET ADDRESS			2.3 STREET ADDRESS	;	
CITY-ST-ZIP TITLE		☐ DELETE	2.4 CITY-ST-ZIP 3.1 TITLE		Change Addition
NAME			3.1 (III.E. 3.2 NAME		C Grange C Addition
STREET ADDRESS			3.3 STREET ADDRESS		
GITY - \$T - ZIP			3.4. CHY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY - ST - ZIP		,
TITLE		DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY - ST - ZIP		T percer	54 CITY-ST-ZIP		
TITLE		☐ DEFELE	6 1 TITLE		☐ Change ☐ Addition
NAME			62 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		ł

64 CITY - ST- ZIP

HARLO ABBUTU

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 armoal 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.

\*\*PRESIDENT\*\* 305-266-02/2

**FILED** 

Jan 24 1997 8:00am

Secretary of State

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