

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

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**Apr 17 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000052319 (7)

1. Corporation Name
MEGAFOOD ENTERPRISES, INC.



Principal Place of Business 13453 S.W. 108TH STREET CIRCLE S. MIAMI FL 33186	Mailing Address 13453 S.W. 108TH STREET CIRCLE S. MIAMI FL 33186-3356
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3. Date Incorporated or Qualified 07/06/1995	3a. Date of Last Report 10/07/1996
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2. Principal Place of Business 21 2777 NW 79 AVE Suite, Apt. #, etc.	2a. Mailing Address 26 2777 NW 79 AVE Suite, Apt. #, etc.
22 City & State MIAMI FL	27 City & State MIAMI FL
23 Zip 33122 Country USA	29 Zip 33122 Country USA

4. FEI Number 65-0593565	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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**MARZARI, MAURO
13453 S.W. 108TH STREET CIRCLE S.
MIAMI FL 33186**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable) 14512 SW 97 ST
83
84 City MIAMI
85 Zip Code FL 33186

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]* (NOTE: Registered Agent signature required when reinstating) DATE: **04/12/97**

12. OFFICERS AND DIRECTORS		DELETED
TITLE D	NAME MARZARI, MAURO	<input type="checkbox"/>
STREET ADDRESS 8915 N.W. 50TH ST.		
CITY-ST-ZIP MIAMI FL 33186		
TITLE	NAME	<input type="checkbox"/>
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/>
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/>
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/>
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE		<input checked="" type="checkbox"/>	<input type="checkbox"/>
1.2 NAME			
1.3 STREET ADDRESS	14512 SW 97 ST		
1.4 CITY-ST-ZIP	MIAMI FL 33186		
2.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
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: *[Signature]* DATE: **04/12/97** DAYTIME PHONE #: **(305) 3856726**

CR2E034 (9/96)