

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

DOCUMENT # **247223** (1)

1. Corporation Name

**KIRBY FOODS INC**



Principal Place of Business

**3930 N W 27 ST  
MIAMI FL 33142**

Mailing Address

**3930 N W 27 ST  
MIAMI FL 33142**

3. Date Incorporated or Qualified **05/05/1961** 3a. Date of Last Report **04/27/1995**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

29 30

9. Name and Address of Current Registered Agent

4. FEI Number **59-0940855** Applied For Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

10. Name and Address of New Registered Agent

**RUIZ, ALFONSO F.  
1221 ALHAMBRA CIRCLE  
CORAL GABLES FL 33134**

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent Signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE  
NAME **DT OLIVA, JUAN A**  
STREET ADDRESS **1111 OBISPO AVENUE**  
CITY-STATE-ZIP **CORAL GABLES FL**  
TITLE ☐ DELETE  
NAME **D RUIZ, ALFONSO F**  
STREET ADDRESS **1221 ALHAMBRA CIR**  
CITY-STATE-ZIP **CORAL GABLES, FL 00000**  
TITLE ☐ DELETE  
NAME **V RUIZ, AMERICA R**  
STREET ADDRESS **1221 ALHAMBRA CIR**  
CITY-STATE-ZIP **CORAL GABLES, FL 00000**  
TITLE ☐ DELETE  
NAME **D RUIZ, AMERICA R**  
STREET ADDRESS **1221 ALHAMBRA CIR**  
CITY-STATE-ZIP **CORAL GABLES, FL 00000**  
TITLE ☐ DELETE  
NAME **P RUIZ, ALFONSO F**  
STREET ADDRESS **1221 ALHAMBRA CIR**  
CITY-STATE-ZIP **CORAL GABLES, FL 00000**  
TITLE ☐ DELETE  
NAME **S MARQUEZ, JOSE M**  
STREET ADDRESS **780 N W LEJEUNE RD #400**  
CITY-STATE-ZIP **MIAMI FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-STATE-ZIP  
2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-STATE-ZIP  
3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-STATE-ZIP  
4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-STATE-ZIP  
5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-STATE-ZIP  
6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-STATE-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 or in an attachment with an address.

SIGNATURE

**Alfonso F. Ruiz, President**

**January 26, 1996 (305)871-4143**

Signature and Title of Signing Officer or Director

Date

Daytime Phone #

CR2E034 (12/95)