FILED

Mar 17, 1999 8:00 am Secretary of State

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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # 259202

BLUE-RI	BBON MEATS INC					
Principal Place	<u> </u>	Mailing Address				
2340 W. 3RD A	• •	2340 W. 3RD AVENUE				
BOX 572		BOX 572				
HIALEAH FL 33010		HIALEAH FL 33010			DO NOT WRITE IN THIS SPACE	
					3. Date Incorporated or Qualifed 05/21/1962	
2. Principal Place of Business		2a. Mailing Address			4. FEI Number Applied Fo	
21		26			59-0974620 Not Applic	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certifcate of Status Desired \$8.75 Addition Fee Required	
City & State		City & State	<u></u>		6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees	
Zip 24	Country 25	Zip 29 3	Count	гу	8. This corporation owes the current year Intangible Personal Property Tax. □ Yes □ No	
	 Name and Address of Curre 	nt Registered Agent			10. Name and Address of New Registered Agent	
VD4	NITZ DODERT		8	1 Name		
KRANTZ, ROBERT 2340 W 3RD AVENUE HIALEAH FL 33010			82 Street Addres		Address (P.O. Box Number is Not Acceptable)	
			Ļ			
HIAL	EAR FE SSUID		8	3		
			8	4 City	FL 85 Zip Code	
11. Pursuant	to the provisions of Sections 607.056	02 and 607.1508, Florida Statutes	, the abo	ve-named	corporation submits this statement for the purpose of changing its registe	
agent. I a	egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was aut ations of, Section 607.0505, Florid	horized b la Statute	y the corpo as.	corporation submits this statement for the purpose of changing its registe tration's board of directors: I hereby accept the appointment as registered	
SIGNATURE					equired when reinstating) DATE	
12.	Signature, typed or printed name of registered age	ND DIRECTORS	13.	ent aignature re	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN	
TITLE	PD ··	DELETE	1.1 TITLE	· 1	Change	
NAME	BREGMAN, MINNIE		1.2 NAME			
STREET ADDRESS	2340 W. 3RD AVE.			ET ADDRESS		
CITY-ST-ZIP	HIALEAH, FL 00000		1.4 CITY-			
TITLE	SD	☐ DELETE	2.1 TITLE		☐ Change ☐ Ai	
NAME	KRANTZ,ROBERT		2.2 NAME	ľ		
STREET ADDRESS	2340 W. 3RD AVE.			ET ADORESS		
CITY-ST-ZIP	HIALEAH FL		2.4 CITY			
TITLE	TD	☐ DELETE	3.1 TITLE		☐ Change ☐ Ai	
NAME	BREGMAN, MICHAEL	****	3.2 NAME		· -	
STREET ADDRESS	2340 W. 3RD AVE.		1	ET ADDRESS		
CITY-ST-ZIP	HIALEAH FL		3.4. CITY			
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Ai	
NAME	BREGMAN, IRA		4. 2 NAMI	E		
STREET ADDRESS	2340 W. 3RD AVE.		4.3 STRE	ET ADDRESS		
CITY-ST-ZIP	HIALEAH FL		4.4 CITY-	ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Ac	
NAME			5.2 NAME	:		

CITY-ST-ZIP 14. I 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, with all other like empowered.

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

☐ DELETE

☐ Change

Addition