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 # **275967** **(8)**

1. Corporation Name

MAX BAUER MEAT PACKER, INC.

Principal Place of Business	Mailing Address
2900 NW 75TH STREET P.O. BOX 01-1111 MIAMI FL 33147 US	2900 NW 75TH ST. MIAMI FL 33147 US

2. Principal Place of Business	2a. Mailing Address
21 421 NE 14th Street	26 P.O. Box 2350
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Ocala, FL	City & State 28 Ocala, FL
Zip 24 34470 Country 25 USA	Zip 29 34478 Country 30 USA

3. Date Incorporated or Qualified: **11/26/1963**
3a. Date of Last Report: **02/10/1995**
4. FEI Number: **59-1025909** ☐ 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

9. Name and Address of Current Registered Agent

BAUER,FRANK S
14600 MARVIN LANE
FT. LAUDERDALE FL 33140

10. Name and Address of New Registered Agent

81 Name: Bauer, Frank
82 Street Address (P.O. Box Number is Not Acceptable): 930 SE 5th Street
83
84 City: Ocala **FL** 85 Zip Code: 34471

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 _____ DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	BAUER,FRANK		1.2 NAME	Bauer, Frank	
STREET ADDRESS	14600 MARVIN LANE		1.3 STREET ADDRESS	930 SE 5th Street	
CITY-ST-ZIP	FT. LAUDERDALE FL		1.4 CITY-ST-ZIP	Ocala, FL 34471	
TITLE	TD	☒ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	BAUER,HERMINE		2.2 NAME		
STREET ADDRESS	5101 COLLINS AVE.		2.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI BEACH FL		2.4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-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			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (12/95)

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)(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: Frank Bauer /President 4-25-96 904-622-3000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #