FILE NOW: FILING FEE AFTER MAY 1 IS \$ 5.00 **PROFIT** FLORIDA DEPARTME CORPORATION **FILED** Sandra B. Mo ANNUAL REPORT Secretary of Mar 19 1996 8:00 am 1996 DIVISION OF CORE TIONS Secretary of State (2)DOCUMENT # 335455 1. Corporation Name BANNER BEEF AND SEAFOOD CO., INC. Principal Place of Business Mailing Address P.O. BOX 420186 P.O. BOX 420186 1111 NW 21 TERR. 1111 NW 21 TERR. MIAMI FL 33127 MIAMI FL 33127 3. Date Incorporated or Qualified 3a. Date of Last Report 05/01/1995 09/24/1968 2. Principal Place of Business Applied For 4. FEI Number 2a. Mailing Address 21 59-1231519 Not Applicable 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8,75 Additional 5. Certificate of Status Desired Fee Required 27 City & State City & State \$5.00 May Be Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Zip 8. This corporation has liability for intangible tax under s 199.032, Country Cuntry 24 Yes No 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name FELICIANO FOYD Street Address (P.O. Box Number is Not Acceptable) 82 5915 GRAMADA BLVD **MIAMI FL 33155** 83 Zip Code 85 84 City 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: Registerer Agent signature required when reinstating) (12/95) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. TITLE TT DELETE ☐ Change ☐ Addition 1. 1 TITLE TEJEIRO, JOE M CR2E034 NAME 1.2 NAME 7860 SW 180 TERR. STREET ADDRESS 1.3 STREET ADDRESS MIAMI FL CITY-ST-ZIP 1.4 OTY - \$1 - ZIP STD Addition TITLE DELETE ☐ Change 2. 1 TITLE FOYO, FELICIANO NAME 2.2 NAME 5915 GRANADA BLVD. STREET ADDRESS 2.3 STREET ADDRESS **CORAL GABLES FL** CITY-ST-ZIP 2.4 CITY - ST - ZIP TITLE DELETE Change Addition 3. 1 TITLE JIMENEZ, MANUEL NAME 3.2 NAME 5915 GRANADA BLVD STREET ADDRESS 3.3. STREET ADDRESS CORAL GABLES FL CITY-ST-ZIP 3.4 CITY-ST-ZIP DELETE Change TITLE Addition 4.1 TITLE NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE TIT! F Change Addition 5. 1 TITLE NAME 5.2 N/ME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY - ST-ZIP CITY-ST-ZIP ☐ DELETE TITLE 6.1 TITLE Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CITY - ST - 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 angular epol tor 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 corodaction of the receiver or dustee 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 may altocome twith all address.

OFFICER OR DIRECTOR

SIGNATURE: SIGNATURE AND TYPED OR

3-14-96 305-325-0420