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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996 DOCUMENT # 1. Corporation Name

349636

(1)

FILED Apr 16 1996 8:00 am Secretary of State

SPIE	GEL MEATS INC			1 188102 11111 81318 18118 81182 11	NA BUK BIBU BIBU BIBU BIBU BIBU BIBU BIBU
Principal Plac	ce of Business	Mailing Address	·		
8020-A N.W. 60TH STREET 8020-A N.W. 60TH STR MIAMI FL 33166 MIAMI FL 33166		REET			
				3. Date Incorporated or Qualified	3a. Date of Last Report
2. Principal F	lace of Business	2a. Mailing Address		07/18/1969	03/16/1995
21 26		<u></u>		4. FEI Number 59-1277090	Applied For
Suite, Apt.	. #, etc.	Suite, Apt. #, etc.			Not Applicable \$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & Stat	te	City & State		6. Election Campaign Financing	\$5.00 May Be
Zip	Country	28		Trust Fund Contribution	Added to Fees
24	25	Zip 29	Country 30	8. This corporation has liability for i	
	9. Name and Address of Curre	nt Registered Agent	[30]	Fiorida Statutes Yes 10. Name and Address of New R	
			81 Name	To. Home Bile Addiess of Hew A	egistereo Agent
CROTE	EAU,MARCEL		82 Street Addr	ess (P.O. Box Number is Not Acceptab	
8020A N.W. 60TH STREET			Street Addr	ess (* . O. Box Number is Not Acceptab	He)
MIAMI	FL 33168		83		
			84 City		85 Zip Code
11. Pursuant	to the provisions of Sections 607.050	2 and 607 1609 Florida Statutes			
or registe	red agent, or both, in the State of Flor ith, and accept the obligations of, Sec	ida. Such change was authorized	, the above-hamed corpora by the corporation's boar	ation submits this statement for the purp d of directors. I hereby accept the appo	pose of changing its registered office pintment as registered agent. Lam
SIGNATURE	in, and decept the obligations of, Sec	non 607.0505, Florida Statutes.			
SIGNATORE	Signature, typed or printed name of registered agen	t and title if applicable (NOTE	Registered Agent signature required	when reinstating	DATE
12.		ID DIRECTORS	13.	ADDITIONS/CHANGES TO OFFI	
TITLE	PD	☐ DELETE	1 1 TITLE		Change Addition
NAME	CROTEAU, MARCEL		1.2 NAME		[3
STREET ADDRESS CITY-S1-ZIP	9130 SW 69TH ST		1.3 STHEET ADDRESS		
THE	MIAMI, FL 00000 PD	☐ DELÉTE	1 4 CiTY - ST - ZiP		<u> </u>
NAME	CROTEAU, EDMOND		2 1 TITLE		Change Addition
STREET ADDRESS	10101 SW 84TH ST		2.2 NAME		
CITY - ST - ZIP	MIAMI, FL 00000		23 STREET ADDRESS		
TOLE	TD	DELETE	2.4 C(TY-ST-Z)P 3.1 THLE		Change 1 Addition
NAME	CROTEAU, CLARA		3.2 NAME		Change Modified
STREET ADDRESS	10101 SW 84TH ST		3.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 00000		3 4 CHTY- ST-ZIP		
TITLE	SD SD	☐ DELETE	4. 1 THLE		Change Addition
NAME CIRETI (CONTROL	CROTEAU, FLORENCE		4.2 NAME		
STREET ADDRESS	9130 SW 69TH ST		4.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	MIAMI FL V	DELETE	4.4 CiTy - ST - ZiP		
NAME	CROTEAU, EDMOND JR	ר] הברבונ	5. 1 TITLE		Change Addition
STREET ADDRESS	N/A		52 NAME		
CHY-ST-ZIP	MIAMI FL		5.3 STREET ADDRESS		
TITLE	eren mill 1 to	☐ DELETE	5.4 CITY - ST - ZIP 6. 1 TITLE		Change F7 445
NAME			6.2 NAME		Change Addition
STREET ADDRESS			6.3 STREET ADDRESS		
CITY - ST - ZIP			64 CHY-ST-ZIP		,

14. Ido 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 cath; 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:

G OFFICER OF DIRECTOR