

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

FILED
May 17, 1999 8:00 am
Secretary of State

05-17-1999 90033 024 ***150.00

PROFIT CORPORATION
ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS



DOCUMENT # ~~80220~~ 405687 ✓

1. Corporation Name
PAN AMERICAN FROZEN FOODS, INC.

Principal Place of Business
1496 NW 23 St.
MIAMI, FL 33142

Mailing Address
1496 NW 23 St.
MIAMI, FL 33142

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip
29 Country

3. Date Incorporated or Qualified
7/26/72

4. FEI Number
59-1407314

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

6. Election Campaign Financing
Trust Fund Contribution
5. \$5.00 May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax.
Yes ☒ No ☐

9. Name and Address of Current Registered Agent
MUNARRIZ, LAZARO
1496 N.W. 23 St.
MIAMI, FL 33142

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code
FL

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	President	<input type="checkbox"/> DELETE
NAME	Lazaro R. Munarriz	
STREET ADDRESS	12710 sw 34 street	
CITY-ST-ZIP	Miami, FL. 33175	
TITLE	Treasurer/Vice President	<input type="checkbox"/> DELETE
NAME	Eduardo Herrera	
STREET ADDRESS	1541 sw 126 Place	
CITY-ST-ZIP	Miami, FL. 33184	
TITLE	Secretary	<input type="checkbox"/> DELETE
NAME	Raquel Munarriz	
STREET ADDRESS	12710 sw 34 street	
CITY-ST-ZIP	Miami, FL. 33175	
TITLE	Asst. Vice President	<input type="checkbox"/> DELETE
NAME	Ricardo Munarriz	
STREET ADDRESS	9050 sw 57 Terr.	
CITY-ST-ZIP	Miami, FL. 33173	
TITLE	Asst. Vice President	<input type="checkbox"/> DELETE
NAME	Zenaida Ulloa	
STREET ADDRESS	14342 sw 43 Terrace	
CITY-ST-ZIP	Miami, FL. 33175	
TITLE	Asst. Vice President	<input type="checkbox"/> DELETE
NAME	Raquel Diaz	
STREET ADDRESS	12710 sw 34 st.	
CITY-ST-ZIP	Miami, FL. 33175	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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.

SIGNATURE: x LAZARO MUNARRIZ 4/23/99 (305) 633-3344

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

CR2E034 (11/98)