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

PROFIT FLORIDA DEPARTMENT OF STATE Feb 04 1998 8:00am CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # (4) 435350 SOUTHERN FOOD BROKERS, INC. Principal Place of Business Mailing Address 3550 NORTHWEST 112TH STREE 3550 NORTHWEST 112TH STREET **MIAMI FL 33167 MIAMI FL 33167** DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 11/02/1973 4. FELNumber Applied For 2. Principal Place of Business 2a. Mailing Address Not Applicable 59-1493657 21 26 Sulte, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing Added to Fees Trust Fund Contribution 23 28 Country Zip Country Zip 8. This corporation owes or has paid the current year Intangible Yes Personal Property Tax due June 30. 30 24 25 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent SCHULTZ STEVEN ESO. HUNTER & SCHOLTZ umber is Not Acceptable) 82 150 SOUTHEAST 2ND AVENUE 83 MIAMI FL 33131 3150 84 City Miami 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** (NOTE Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and little if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. 12. OFFICERS AND DIRECTORS Change Addition DELETE 1.1 TITLE TITLE **GREEN, ARTHUR** NAME 1.2 NAME 9418 W. BROADVIEW DR. 1.3 STREET ADDRESS STREET ADDRESS **BAY HARBOR FL** 1.4 CITY-ST-ZIP CITY-ST-ZIP Addition Channe □ DELETÉ 21 TITLE TITLE **GREEN. CAROLE** NAME 22 NAME 9418 W. BROADVIEW DR. STREET ADDRESS 2.3 STREET ADORESS **BAY HARBOF FL** CITY-ST-ZIP 2. 4 City - ST- ZIP DELETE Change ☐ Addition TITLE 3.1 TITLE NAME 3.3 STREET ADDRESS STREET ADDRESS 3 4. CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 4.1 TITLE TITLE 4.2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP CITY-ST-ZIP Change Addition DELETE TITLE 5.1 TITLE NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 54 CITY-ST-ZIP Change Addition DELETE 6.1 TITLE TITLE 6.2 NAME NAME **6.3 STREET ADDRESS** STREET ADDRESS 6.4 CITY - ST - ZIP 14. Thereby 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.

Geen

SIGNATURE: Y

FILED