

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

PRCFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 440224 (4)

1. Corporation Name

BEST PACKERS, INC.



Principal Place of Business

111 S HWY 19  
P O BOX 1457  
PALATKA FL 32178-8457

Mailing Address

111 S HWY 19  
P O BOX 1457  
PALATKA FL 32178-8457

3. Date Incorporated or Qualified  
11/21/1973

3a. Date of Last Report  
04/25/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip Country

29 Zip Country

4. FEI Number

59-1498041

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

10. Name and Address of New Registered Agent

AZPIAZU, ROBERTO  
3501 LONE WOLF TR.  
ST. AUGUSTINE FL 32086

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL 85 Zip Code

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 VPD  
NAME AZPIAZU, ALFREDO  
STREET ADDRESS 3520 LONE WOLF TR.  
CITY-ST-ZIP ST AUGUSTINE FL

DELETE

TITLE PD  
NAME AZPIAZU, ROBERTO  
STREET ADDRESS 1823 PRESIDENT ST  
CITY-ST-ZIP PALATKA, FL 00000

DELETE

TITLE DS  
NAME AZPIAZU, ALICIA  
STREET ADDRESS 1823 PRESIDENT ST  
CITY-ST-ZIP PALATKA, FL 00000

DELETE

TITLE VP  
NAME AZPIAZU, ROBERT JR  
STREET ADDRESS 3501 LONE WOLF TR.  
CITY-ST-ZIP ST. AUGUSTINE FL

DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE Change Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE Change Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE Change Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE Change Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE Change Addition

6.2 NAME

6.3 STREET ADDRESS

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 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

ROBERTO AZPIAZU, SR. PRESIDENT

4/19/96

(904) 328-5127

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)