

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

CORPORATION  
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morsham  
City of State  
DIVISION OF CORPORATIONS

1995-195

3-5687

APPROVED  
AND  
FILED

95 MAY -1 AM 9: 52

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 440766

(4)

137

1. Corporation Name

GUSTO FOOD SALES, INC.

Principal Place of Business

Mailing Address

2039 NW 23RD AVE.  
MIAMI FL 33142

2039 NW 23RD AVE.  
MIAMI FL 33142

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

12/31/1973

3a. Date of Last Report

05/10/1994

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-1506338

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

5. Certificate of Status Desired

\$8.75 Additional

Fee Required

City & State

City & State

23

28

6. Election Campaign Financing

Trust Fund Contribution

\$5.00 May Be

Added to Fees

Zip

Country

Zip

Country

24

25

29

30

9. This corporation has liability for intangible tax under S. 192.032, Florida Statutes

Yes

No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

RODRIGUEZ, MAYDA E.  
2039 NW 23RD AVE  
MIAMI FL 33142

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 re-registering)

DATE

12. OFFICERS AND DIRECTORS

OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

P

RODRIGUEZ, VICTOR  
9315 NW 48TH DORA TERR  
MIAMI, FL 00000

1.1 TITLE

Change

Addition

NAME

RODRIGUEZ, VICTOR

1.2 NAME

STREET ADDRESS

9315 NW 48TH DORA TERR

1.3 STREET ADDRESS

CITY - ST - ZIP

MIAMI, FL 00000

1.4 CITY - ST - ZIP

33178-2057

TITLE

ST

RODRIGUEZ, MAYDA E  
9315 NW 48TH DORA TERR  
MIAMI, FL 00000

2.1 TITLE

Change

Addition

NAME

RODRIGUEZ, MAYDA E

2.2 NAME

STREET ADDRESS

9315 NW 48TH DORA TERR

2.3 STREET ADDRESS

CITY - ST - ZIP

MIAMI, FL 00000

2.4 CITY - ST - ZIP

33178-2057

TITLE

V

PELAEZ, JOSE R.  
10455 NW 48TH ST  
MIAMI FL

3.1 TITLE

Change

Addition

NAME

PELAEZ, JOSE R.

3.2 NAME

STREET ADDRESS

10455 NW 48TH ST

3.3 STREET ADDRESS

CITY - ST - ZIP

MIAMI FL

3.4 CITY - ST - ZIP

33178-2239

TITLE

VP

HERNANDEZ, MONICA  
13237 SW 45 LN  
MIAMI FL

4.1 TITLE

Change

Addition

NAME

HERNANDEZ, MONICA

4.2 NAME

STREET ADDRESS

13237 SW 45 LN

4.3 STREET ADDRESS

CITY - ST - ZIP

MIAMI FL

4.4 CITY - ST - ZIP

33175

TITLE

D

MAYDA, PELAEZ  
10455 NW 48 ST  
MIAMI FL

5.1 TITLE

Change

Addition

NAME

MAYDA, PELAEZ

5.2 NAME

STREET ADDRESS

10455 NW 48 ST

5.3 STREET ADDRESS

CITY - ST - ZIP

MIAMI FL

5.4 CITY - ST - ZIP

33178-2239

TITLE

NAME

6.1 TITLE

Change

Addition

STREET ADDRESS

6.2 NAME

CITY - ST - ZIP

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)(4), 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, on an attachment with an address.

SIGNATURE:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR

4-26-95

305-634-4563