

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

**FILED**

**Apr 18 1997 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 440766 (4)**  
1. Corporation Name  
**GUSTO FOOD SALES, INC.**



Principal Place of Business <b>2039 NW 23RD AVE. MIAMI FL 33142</b>	Mailing Address <b>2039 NW 23RD AVE. MIAMI FL 33142-7353</b>
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3. Date Incorporated or Qualified <b>12/31/1973</b>	3a. Date of Last Report <b>04/29/1996</b>
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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	4. FEI Number <b>59-1506338</b>	Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>RODRIGUEZ, MAYDA E. 2039 NW 23RD AVE MIAMI FL 33142</b>				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	
						<b>FL</b>	

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 reappointing) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	<b>P</b>	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	<b>Acting President &amp; ST</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>RODRIGUEZ, VICTOR</b>	<b>(Deceased)</b>	1.2 NAME	<b>RODRIGUEZ, MAYDA E.</b>	
STREET ADDRESS	<b>9315 NW 48TH DORA TERR</b>		1.3 STREET ADDRESS	<b>9315 NW 48th DORAL TERRACE</b>	
CITY-ST-ZIP	<b>MIAMI, FL 00000</b>		1.4 CITY-ST-ZIP	<b>MIAMI, FL 33178</b>	
TITLE	<b>ST</b>	<input type="checkbox"/> DELETE	2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>RODRIGUEZ, MAYDA E</b>		2.2 NAME		
STREET ADDRESS	<b>9315 NW 48TH DORA TERR</b>		2.3 STREET ADDRESS		
CITY-ST-ZIP	<b>MIAMI, FL 00000</b>		2.4 CITY-ST-ZIP		
TITLE	<b>V</b>	<input type="checkbox"/> DELETE	3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PELAEZ, JOSE R.</b>		3.2 NAME		
STREET ADDRESS	<b>10455 NW 48TH ST</b>		3.3 STREET ADDRESS		
CITY-ST-ZIP	<b>MIAMI FL</b>		3.4 CITY-ST-ZIP		
TITLE	<b>VP</b>	<input type="checkbox"/> DELETE	4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HERNANDEZ, MONICA</b>		4.2 NAME		
STREET ADDRESS	<b>13237 SW 45 LN</b>		4.3 STREET ADDRESS		
CITY-ST-ZIP	<b>MIAMI FL</b>		4.4 CITY-ST-ZIP		
TITLE	<b>D</b>	<input type="checkbox"/> DELETE	5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MAYDA, PELAEZ</b>		5.2 NAME		
STREET ADDRESS	<b>10455 NW 48 ST</b>		5.3 STREET ADDRESS		
CITY-ST-ZIP	<b>MIAMI FL</b>		5.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

14. I do 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.

**SIGNATURE:** *Sandra B. Mortham* **REQUIRED** **4-15-97** **305-634-4563**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/Mo/Phone #

CR2E034 (9/96)