
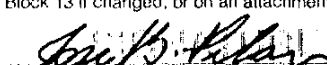


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Apr 18 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 440766 (4) 1. Corporation Name GUSTO FOOD SALES, INC.					
Principal Place of Business 2039 NW 23RD AVE. MIAMI FL 33142			Mailing Address 2039 NW 23RD AVE. MIAMI FL 33142-7353		
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 12/31/1973 3a. Date of Last Report 04/29/1996 4. FEI Number 59-1506338 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 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 RODRIGUEZ, MAYDA E. 2039 NW 23RD AVE 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 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 _____ (NOTE: Registered Agent signature required when reappointing) _____ DATE _____					
12. OFFICERS AND DIRECTORS					
TITLE	P <input checked="" type="checkbox"/> DELETE (Deceased)				
NAME	RODRIGUEZ, VICTOR				
STREET ADDRESS	9315 NW 48TH DORA TERR				
CITY-ST-ZIP	MIAMI, FL 00000				
TITLE	ST <input type="checkbox"/> DELETE				
NAME	RODRIGUEZ, MAYDA E				
STREET ADDRESS	9315 NW 48TH DORA TERR				
CITY-ST-ZIP	MIAMI, FL 00000				
TITLE	V <input type="checkbox"/> DELETE				
NAME	PELAEZ, JOSE R.				
STREET ADDRESS	10455 NW 48TH ST				
CITY-ST-ZIP	MIAMI FL				
TITLE	VP <input type="checkbox"/> DELETE				
NAME	HERNANDEZ, MONICA				
STREET ADDRESS	13237 SW 45 LN				
CITY-ST-ZIP	MIAMI FL				
TITLE	D <input type="checkbox"/> DELETE				
NAME	MAYDA, PELAEZ				
STREET ADDRESS	10455 NW 48 ST				
CITY-ST-ZIP	MIAMI FL				
TITLE	<input type="checkbox"/> DELETE				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE	Acting President & ST <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition				
1.2 NAME	RODRIGUEZ, MAYDA E.				
1.3 STREET ADDRESS	9315 NW 48th DORAL TERRACE				
1.4 CITY-ST-ZIP	MIAMI, FL 33178				
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 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:  REQUIRED SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date: 4-15-97 Day/No Phone #: 305-634-4563 0195540					

CR2E034 (9/96)