FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR -8 PM 2:17

DOCUMENT # **481938** **(9)**

1. Corporation Name

PACKERS PROVISION CO. OF FLORIDA, INC.

Principal Place of Business	Mailing Address
1301 N W 89 CT., STE 212 P O BOX 522900 MIAMI 33152 MIAMI FL 33172	1301 N W 89 CT., STE 212 P O BOX 522900 MIAMI 33152 MIAMI FL 33172

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified	3a. Date of Last Report
07/23/1975	05/31/1994

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

4. FEI Number: 59-1610966 ☐ 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
MUNILLA, PEDRO R 1401 SW 1ST STREET SUITE 210 MIAMI FL 33135	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 _____ DATE
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when executing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	☐ Change ☐ Addition
NAME	GARCIA, GUILLERMO S	1.2 NAME	
STREET ADDRESS	1301 NW 89TH CT STE 212	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33172	1.4 CITY-ST-ZIP	
TITLE	V	2.1 TITLE	☐ Change ☐ Addition
NAME	CABANAS, EDUARDO	2.2 NAME	
STREET ADDRESS	1301 N W 89 CT., STE 212	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 00000 FL 33172	2.4 CITY-ST-ZIP	
TITLE	VTS	3.1 TITLE	☐ Change ☐ Addition
NAME	LITOVICH, MARIO	3.2 NAME	
STREET ADDRESS	1301 N W 89 CT., STE 212	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 00000 FL 33172	3.4 CITY-ST-ZIP	
TITLE	V	4.1 TITLE	☐ Change ☐ Addition
NAME	MARTINEZ, JOSE H.	4.2 NAME	
STREET ADDRESS	1301 N W 89 CT., STE 212	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 00000 FL 33172	4.4 CITY-ST-ZIP	
TITLE	V	5.1 TITLE	☐ Change ☐ Addition
NAME	~~GARBONELL, RUBEN~~	5.2 NAME	
STREET ADDRESS	~~1301 N W 89 CT., STE 212~~	5.3 STREET ADDRESS	
CITY-ST-ZIP	~~MIAMI, FL 00000 FL 33172~~	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ 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 is voluntarily furnished and 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 above, or on an attachment with an address.

SIGNATURE: _____ Eduardo Cabanas 3/3/95 (305) 6940466
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0165000 CP