FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

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

FILED
Feb 19 1996 8:00 am
Secretary of State

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

1. Corporation Name
PACKERS PROVISION CO. OF FLORIDA, INC.

Principal Place of Business
1301 N W 89 CT., STE 212
P O BOX 522930 MIAMI 33152
MIAMI FL 33172

Mailing Address
1301 N W 89 CT., STE 212
P O BOX 522930 MIAMI 33152
MIAMI FL 33172

3. Date Incorporated or Qualified: 07/23/1975
3a. Date of Last Report: 03/08/1995
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

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

9. Name and Address of Current Registered Agent
MUNILLA, PEDRO R
1401 SW 1ST STREET
SUITE 210
MIAMI FL 33135

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 607.0505, 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 — Registered Agent Signature Required After Filing — DATE

12. OFFICERS AND DIRECTORS

TITLE	P	☐ DELETE
NAME	GARCIA, GUILLERMO S	
STREET ADDRESS	1301 NW 89TH CT STE 212	
CITY-ST-ZIP	MIAMI FL 33172	
TITLE	V	☐ DELETE
NAME	CABANAS, EDUARDO	
STREET ADDRESS	1301 N W 89 CT., STE 212	
CITY-ST-ZIP	MIAMI, FL 00000 FL 33172	
TITLE	VTS	☐ DELETE
NAME	LITOVICH, MARIO	
STREET ADDRESS	1301 N W 89 CT., STE 212	
CITY-ST-ZIP	MIAMI, FL 00000 FL 33172	
TITLE	V	☐ DELETE
NAME	MARTINEZ, JOSE H.	
STREET ADDRESS	1301 N W 89 CT., STE 212	
CITY-ST-ZIP	MIAMI, FL 00000 FL 33172	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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		

CR2E034 (12/95)

14. I do hereby certify that the information supplied on this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(x), 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: Eduardo Cabanas — 3/14/96 — (305) 592-0066

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — DAYTIME PHONE #