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Apr 28 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 # 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 33172-3006

3. Date Incorporated or Qualified  
07/23/1975

3a. Date of Last Report  
02/19/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

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

Signature type or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P  
NAME GARCIA, GUILLERMO S  
STREET ADDRESS 1301 NW 89TH CT STE 212  
CITY- ST- ZIP MIAMI FL 33172

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY- ST- ZIP

TITLE V  
NAME CABANAS, EDUARDO  
STREET ADDRESS 1301 N W 89 CT., STE 212  
CITY- ST- ZIP MIAMI, FL 00000 FL 33172

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY- ST- ZIP

TITLE VTS  
NAME LITOVICH, MARIO  
STREET ADDRESS 1301 N W 89 CT., STE 212  
CITY- ST- ZIP MIAMI, FL 00000 FL 33172

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY- ST- ZIP

TITLE V  
NAME MARTINEZ, JOSE H.  
STREET ADDRESS 1301 N W 89 CT., STE 212  
CITY- ST- ZIP MIAMI, FL 00000 FL 33172

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY- ST- ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY- ST- ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

6.1 TITLE  
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0233061

CR2E034 (9/96)