FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

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95 MAY -1 AM 5:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
Division of Corporations

DOCUMENT # 518537 (6)

1. Corporate Name
B & R TOP QUALITY MEAT, INC.

Principal Place of Business
6419 NW 7TH AVE.
MIAMI FL 33150-4308

Mailing Address
1706 SW 10TH ST
MIAMI FL 33135
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/16/1976
3a. Date of Last Report: 04/26/1994

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. # or Bldg. — 22
Suite, Apt. # or Bldg. — 27
City & State — 23
City & State — 28
Zip — 24
County — 25
Zip — 29
County — 30

4. FEI Number: 59-1717466 ☐ 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. The corporation has liability for intangible tax prior to 1990 under Florida Statutes: ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

IBRAHIM, ODALYS M.
780 NW LE JEUNE RD
SUITE 404
MIAMI FL 33126

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 Section(s) 607.0502 and/or 607.1008, 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 (if changing registered agent, registered agent must sign here) (if changing registered agent address, registered agent must sign here) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	PD	11 TITLE	☐ Change ☐ Addition
12 NAME	CABRERA, HUMBERTO	12 NAME	
13 STREET ADDRESS	6419 NW 7TH AVE.	13 STREET ADDRESS	
14 CITY ST ZIP	MIAMI FL	14 CITY ST ZIP	
21 TITLE	SD	21 TITLE	☐ Change ☐ Addition
22 NAME	CABRERA, ANTONIA	22 NAME	
23 STREET ADDRESS	6419 NW 7TH AVE.	23 STREET ADDRESS	
24 CITY ST ZIP	MIAMI FL	24 CITY ST ZIP	
31 TITLE	VD	31 TITLE	☐ Change ☐ Addition
32 NAME	BERMEJO, YOLANDA	32 NAME	
33 STREET ADDRESS	6419 NW 7TH AVE.	33 STREET ADDRESS	
34 CITY ST ZIP	MIAMI FL	34 CITY ST ZIP	
41 TITLE	TD	41 TITLE	☐ Change ☐ Addition
42 NAME	BERMEJO, YOLANDA	42 NAME	
43 STREET ADDRESS	6419 NW 7TH AVE.	43 STREET ADDRESS	
44 CITY ST ZIP	MIAMI FL	44 CITY ST ZIP	
51 TITLE		51 TITLE	☐ Change ☐ Addition
52 NAME		52 NAME	
53 STREET ADDRESS		53 STREET ADDRESS	
54 CITY ST ZIP		54 CITY ST ZIP	
61 TITLE		61 TITLE	☐ Change ☐ Addition
62 NAME		62 NAME	
63 STREET ADDRESS		63 STREET ADDRESS	
64 CITY ST ZIP		64 CITY ST ZIP	

14. I/We hereby certify that the information supplied with this report is accurately 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 1 or Block 11 if changed, or on an attachment with an address.

SIGNATURE: Yolanda Bermejo Vice President 754-5171 5/1/95
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Title — Daytime Phone # — Date

0142024 CP