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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # 594540

1. Corporation Name

DIAZ FISH & MEAT CO., INC.

rincipal Place of Business	Mailing Address
74 WEST 39TH PLACE	1574 WEST 39TH PLACE
ALEAH FL 33012	HIALEAH FL 33012

Apr 08, 1999 8:00 am Secretary of State

04-08-1999 90053 030 ***150.00

Principal Plac	e of Business	Mailing Address				
1574 WEST 39	_	1574 WEST 39TH PLACE				
HIALEAH FL 33012		HIALEAH FL 33012		•	DO NOT MIDITE IN THIS SPACE	
					DO NOT WRITE IN THIS SPACE	
					3. Date Incorporated or Qualifed 12/01/1978	
2. Principal P	lace of Business	2a. Mailing Address	_		4. FEI Number Applied For	
21		26			59-1874912 Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	<u> </u>		5. Certificate of Status Desired \$8.75 Additional	
22		27			5. Certificate of Status Desired Fee Required	
City & Stat	سيرمع سيديمن ڪيائي	City & State	æ -≨ ·	. « et	, , , , , , , , , , , , , , , , , , , ,	
23		28			Trust Fund Contribution Added to Fees	
Zip	Country	Zip	_ Country	<i>t</i>	8. This corporation owes the current year Intengible	
24	25	29 30	<u>) </u>		Personal Property Tax. Yes □No	
	9. Name and Address of Current	nt Registered Agent		,	10. Name and Address of New Registered Agent	
DIAT	7 DOREDTO		81	Name		
DIAZ, ROBERTO			82	82 Street Address (P.O. Box Number is Not Acceptable)		
801 CAPRI STREET, APT. 405 CORAL GABLES FL 33134						
			83	==		
			84	City	85 Zip Code	
			104	City	FL 83 2 P OOCE	
12.	Signature, typed or printed name of registered age OFFICERS Af	ND DIRECTORS	13.	nt agriculor require	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD OFFICERS AF	DELETE	1.1 TITLE		Change Addition	
NAME	DIAZ, ROBERTO		1.2 NAME			
	OOL CARDLAT ART ARE		Ĭ	TADDRESS		
STREET ADDRESS	CORAL GABLES FL		1.4 CITY-S	i		
CITY-ST-ZIP	SD SD	DELETE	2.1 TITLE	51-ZiP	☐ Change ☐ Addition	
	DIAZ, ROBERTO JR.		2.2 NAME		2	
NAME				T ADDRESS		
STREET ADDRESS	MIAMI FL	•				
CITY-ST-ZIP	MIAMI FL	☐ DELETE	2. 4 CITY-5 3.1 TITLE	S1-ZIP	☐ Change ☐ Addition	
TITLE			3.1 IIILE	الشايد ا		
NAME				TADDRESS		
STREET ADDRESS	1	•				
CITY-ST-ZIP		☐ DELETE	3.4. CITY-5 4.1 TITLE	31-ZIP	☐ Change ☐ Addition	
TITLE		C. DCFLIC	4.1 IIILE 4.2 NAME	}	□ onerige □ Notifier	
NAME				ľ		
STREET ADDRESS				T ADDRESS		
CITY-ST-ZIP		☐ DELETE	4.4 CITY-S 5.1 TITLE	SI-ZIP	☐ Change ☐ Addition	
TITLE	,	□ betrie	5.1 MAME			
NAME	•			T ADDRESS		
STREET ADDRESS	}		5.4 CITY-S			
CITY-ST-ZIP	·	□ nei etc	6.1 TITLE)1-ZIF	☐ Change ☐ Addition	
TITLE		☐ DELETE	6.2 NAME		Contange Modulor	
NAME	·	·		T ADDDCCC		
STREET ADDRESS	` ·			TADDRESS		
CITY-ST-ZIP	\		6.4 CITY-S	T-ZIP		

14. I 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, with all other like empowered.

SIGNATURE: y