FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



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

1996

DOCUMENT #

641225 (8)

FRIGO-MATADEROS	FOUIPMENT	CORP.

Principal Place of Business

Mailing Address



4515 W. 14 HIALEAH FL	= -	4515 W. 14 CT. HRALEAH FL 33012	?			
····					3. Date Incorporated or Qualified 09/25/1979	3a. Date of Last Report 04/14/1995
2. Principal Plac	ce of Business	2a. Mailing Address			4. FEI Number	Applied For
21 Suite, Apt. #	oto	26			59-1963887	Not Applicable
22		Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required
Oity & State		City & State			6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Ζφ ΤΠ	Country	Zip	Country	,	8. This corporation has liability for in	
24	25 Same and Address of Cur		29 30		Florida Statutes Yes No	
	9. Name and Address of Cur	rent negistered Agent	B1	Name	10. Name and Address of New R	egistered Agent
(NICION)	ADEC 1180		[8]	INATIB		
4515 W	ARES, LUIS 1. 14 CT.		82		ess (P.O. Box Number is Not Acceptable	e)
HIALEA	H FL		83			
			84			FL 85 Zip Code
or registere	o the provisions of Sections 607.0 Id agent, or both, in the State of F In, and accept the obligations of, S	iorida. Such change was autho	rized by the cord	named corpor oration's boa	ration submits this statement for the purp rd of directors. I hereby accept the appo	pose of changing its registered office intrent as registered agent. I am
S'GNATURE						
5	agnature, typed or printed name of registered a		NOTE: Registered Age	nt signature require		DATE
12.		AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFI	
III.f	PST HIDIOMARE LUIR	DELETE	1. 1 THLE			Change Addition
NAME	INSIGNARES, LUIS		1.2 NAME			
STHEET ACORESS	4515 W. 14 CT.			ADDRESS	•	
CITY ST ZIP	HIALEAH FL	DELETE	1.4 CITY - 1 2.1 TITLE	ST-ZIP		
NAME	INSIGNARES, ORLANDO					Change Addition
STREE: ADDRESS	4515 W. 14 CT.		2 2 NAME	4000000		
CITY - \$1 - ZIP	HIALEAH FL		2 3 STREET			
TITLE	D	□ DELFTE	24 CITY - S 3 1 TITLE	51 · ZIP		☐ Change ☐ Addition
NAME	INSIGNARES, LUIS		3 2 NAME			crange Addition
STREET ADDRESS	4515 W. 14 CT.		3.3. STREE	T ADDRESS		
01Y-S1-2P	HIALEAH FL		3.4 DITY-5			
FILE		DELETE	4. 1 TITLE	<u> </u>		Change Addition
NAM:			4 2 NAME			C
STREET ADDRESS			4 3 STREET	ADDRESS		
0:TY-S1-Z:P			4 4 CITY- \$	ST - ZIP		
THEE		DELETE	5 1 TITLE			Change Addition
NAM:			5 2 NAME			
STREET ADDRESS			53STREET	ADDRESS		
CITY - ST - ZIP			5.4 CITY - S	5T-7IP		
TILF		DELETE	6 1 TITLE			Change Addition
NAMi			6 2 NAME			
STREET ADDRESS			6.3 STREET	ADDRESS		
CHY-SI-ZIF			8 4 CITY- 9			
14. I do hereby	certify that the information suppli-	ed with this filing is voluntarily fu	irnished and doe	s not qualify for	or the exemption stated in Section 119.0	7(3)(k), Florida Statutes. I further

extension of the corporation or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under extension or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name is changed, or on an attachment with an address. certry that the information in eath, that I am an officer or appears in Block 12 or Block