

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

CORPORATION  
ANNUAL REPORT  
1995



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 FEB 14 PM 3: 56

DOCUMENT # 641872 (7)

1. Corporation Name  
**MANZO FOOD SALES, INC.**

Principal Place of Business Mailing Address  
8500 S.W. 92 STREET, SUITE 206 8500 S.W. 92 STREET, SUITE 206  
MIAMI FL 33156-7379 MIAMI FL 33156-7379

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	10/23/1979	04/26/1994
22	City & State	27	City & State	4. FEI Number	Applied For
23	Zip	28	Zip	59-1944809	Not Applicable
24	Country	29	Country	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
		30		6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
				8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent  
**GERLIN, LANCE  
ATTORNEY AT LAW  
330 ALHAMBRA CIRCLE  
CORAL GABLES FL 33134**

10. Name and Address of New Registered Agent  
81 Name **DONNA L. FELDMAN, FELDMAN & HUDAK, P.A.**  
82 Street Address (P.O. Box Number is Not Acceptable) **4960 S.W. 72 AVENUE**  
83 **SUITE 305**  
84 City **MIAMI, FL** 85 Zip Code **33155**

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 *Donna Feldman* CPA  
Signature, typed or printed name of registered agent and title if applicable

NOTE: Registered Agent signature required when substituting  
DATE **2/5/95**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MANZO, GENNARO	1.2 NAME	
STREET ADDRESS	8248 S.W. 84 TERRACE	1.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL 33143	1.4 CITY - ST - ZIP	
TITLE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY - ST - ZIP		2.4 CITY - ST - ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and I do not qualify for the exemption stated in Section 110.02(4)(a), 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 appeared in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Gennaro Manzo*  
SIGNATURE AND TITLE OR PRINTED NAME OF AGING OFFICER OR DIRECTOR  
**GENNARO MANZO, President**

1/26/95 596-5399  
Date Daytime Phone #