

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **641872** (7)

1. Corporation Name
MANZO FOOD SALES, INC.



Principal Place of Business: **8600 S.W. 92 STREET, SUITE 206 MIAMI FL 33156-7970- 7775 S.W. 87th Ave, Suite 112 Miami, FL 33173-2536**

Mailing Address: **8600 S.W. 92 STREET, SUITE 206- MIAMI FL 33156-7970- 7775 S.W. 87 Ave., Ste. 112 Miami, FL 33173-2536**

2. Principal Place of Business: **21 7775 S.W. 87 Avenue Suite 112 Miami, Florida 23 33173-2536 Dade**

2a. Mailing Address: **26 7775 S.W. 87 Avenue Suite 112 Miami, Florida 28 33173-2536 Dade**

3. Date Incorporated or Qualified: **10/23/1979**

3a. Date of Last Report: **02/14/1995**

4. FEI Number: **59-1944809**

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. This corporation has liability for intangible tax under s. 193.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent: **FELDMAN, DONNA L & 4060 S.W. 72 AVE 330 ALHAMBRA CIRCLE MIAMI FL 33155**

10. Name and Address of New Registered Agent: **Donna L. Feldman, CPA, P.A. 7775 S.W. 87 Avenue Suite 110 Miami, FL 33173**

11. Pursuant to the provisions of Sections 607.0602 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 I accept the obligations of Section 607.0605, Florida Statutes.

SIGNATURE: _____ DATE: _____

12. OFFICERS AND DIRECTORS

11a. TITLE	P	<input type="checkbox"/> DELETE
11b. NAME	MANZO, GENNARO	
11c. STREET ADDRESS	8248 S.W. 84 TERRACE	
11d. CITY, ST, ZIP	MIAMI FL 33143	
11e. TITLE		<input type="checkbox"/> DELETE
11f. NAME		
11g. STREET ADDRESS		
11h. CITY, ST, ZIP		
11i. TITLE		<input type="checkbox"/> DELETE
11j. NAME		
11k. STREET ADDRESS		
11l. CITY, ST, ZIP		
11m. TITLE		<input type="checkbox"/> DELETE
11n. NAME		
11o. STREET ADDRESS		
11p. CITY, ST, ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

Address was correct: Change Addition

14. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
15. NAME		
16. STREET ADDRESS	8248 S.W. 84 Terrace	
17. CITY, ST, ZIP	Miami, FL 33143	
18. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
19. NAME		
20. STREET ADDRESS		
21. CITY, ST, ZIP		
22. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
23. NAME		
24. STREET ADDRESS		
25. CITY, ST, ZIP		
26. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
27. NAME		
28. STREET ADDRESS		
29. CITY, ST, ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(a), Florida Statutes. I further certify that the information indicated on this annual report or supplementary annual report is true and accurate and that my signature shall have the same legal effect as if made under oath. If I am an officer or director of the corporation or the register 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: *Gennaro Manzo*
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
GENNARO MANZO

2/1/96 (305) 596-5399

CR2E034 (12/95)