

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

PROFIT
CORPORATION
ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Morham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # 694763

(4)

1. Corporation Name

NORTH'S BEST MEAT, INC.



Principal Place of Business

12918 N.W. 7TH AVENUE
N. MIAMI FL 33168

Mailing Address

12918 N.W. 7TH AVENUE
N. MIAMI FL 33168

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

ZALDIVAR, MIRIAM
12918 N.W. 7TH AVENUE
NORTH MIAMI FL 33168

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

3. Date Incorporated or Qualified
07/15/1981

3a. Date of Last Report
04/27/1995

4. FEI Number
59-2120399

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. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes No

10. Name and Address of New Registered Agent

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

Signature of person providing information for filing (must be typed)

DATE: Register Agent signature provided for filing

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
SD
ZALDIVAR, MIRIAM
12918 N.W. 7TH AVENUE
NORTH MIAMI FL

DELETE

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

DELETE

TITLE
NAME
STREET ADDRESS
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STREET ADDRESS
CITY-STATE-ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE
2. NAME
3. STREET ADDRESS
4. CITY-STATE-ZIP

Change Addition

5. TITLE
6. NAME
7. STREET ADDRESS
8. CITY-STATE-ZIP

Change Addition

9. TITLE
10. NAME
11. STREET ADDRESS
12. CITY-STATE-ZIP

Change Addition

13. TITLE
14. NAME
15. STREET ADDRESS
16. CITY-STATE-ZIP

Change Addition

17. TITLE
18. NAME
19. STREET ADDRESS
20. CITY-STATE-ZIP

Change Addition

21. TITLE
22. NAME
23. STREET ADDRESS
24. CITY-STATE-ZIP

Change Addition

25. TITLE
26. NAME
27. STREET ADDRESS
28. CITY-STATE-ZIP

Change Addition

29. TITLE
30. NAME
31. STREET ADDRESS
32. CITY-STATE-ZIP

Change Addition

33. TITLE
34. NAME
35. STREET ADDRESS
36. CITY-STATE-ZIP

Change Addition

37. TITLE
38. NAME
39. STREET ADDRESS
40. CITY-STATE-ZIP

Change Addition

41. TITLE
42. NAME
43. STREET ADDRESS
44. CITY-STATE-ZIP

Change Addition

45. TITLE
46. NAME
47. STREET ADDRESS
48. CITY-STATE-ZIP

Change Addition

49. TITLE
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51. STREET ADDRESS
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81. TITLE
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83. STREET ADDRESS
84. CITY-STATE-ZIP

Change Addition

85. TITLE
86. NAME
87. STREET ADDRESS
88. CITY-STATE-ZIP

Change Addition

89. TITLE
90. NAME
91. STREET ADDRESS
92. CITY-STATE-ZIP

Change Addition

93. TITLE
94. NAME
95. STREET ADDRESS
96. CITY-STATE-ZIP

Change Addition

97. TITLE
98. NAME
99. STREET ADDRESS
100. CITY-STATE-ZIP

Change Addition

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)(k), 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, trustee or 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:

Miriam Zaldivar

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/1/96

DATE

DATE OF FILING

CR2E034 (12/95)