# FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT

**1995**

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

APPROVED AND FILED

95 MAY -1 AM 9:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **752155** **(2)**

**MIAMI ASSOCIATION OF FOOD TRADES, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| 6880 WHITE OAK DR<br>P. O. BOX 4531<br>MIAMI LAKES FL 33014 | 6880 WHITE OAK DR.<br>P. O. BOX 4531<br>MIAMI LAKES FL 33014 |

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/23/1980
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-2171070 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

| 21 | | 26 | |
|---|---|---|---|
| 22 | State, Apt. #, etc. | 27 | State, Apt. #, etc. |
| 23 | City & State | 28 | City & State |
| 24 | Zip / Country | 29 | Zip / Country |
| 25 | | 30 | |

**9. Name and Address of Current Registered Agent**

DRAKE, ROBERT R.
6880 WHITE OAK DRIVE
HIALEAH FL 33014

**10. Name and Address of New Registered Agent**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN '95 | |
|---|---|---|---|
| 11 TITLE | D | 11 TITLE | D ☐ Change ☐ Addition |
| 12 NAME | SACHS, LYNN | 12 NAME | TORCHON, DAVID |
| 13 STREET ADDRESS | 8560 NW 52ND CT. | 13 STREET ADDRESS | 9981 SW 105TH AVENUE |
| 14 CITY ST ZIP | LAUDERHILL FL | 14 CITY ST ZIP | MIAMI, FL 33176 |
| 21 TITLE | TD | 21 TITLE | ☐ Change ☐ Addition |
| 22 NAME | DRAKE, ROBERT R | 22 NAME | |
| 23 STREET ADDRESS | 6880 WHITE OAK DR | 23 STREET ADDRESS | |
| 24 CITY ST ZIP | MIAMI LAKES FL | 24 CITY ST ZIP | |
| 31 TITLE | PD | 31 TITLE | PD ☐ Change ☐ Addition |
| 32 NAME | TORCHON, DAVID | 32 NAME | FLORA, GENE C. |
| 33 STREET ADDRESS | 9981 S.W. 105TH AVENUE | 33 STREET ADDRESS | 6911 SILVER OAK DRIVE |
| 34 CITY ST ZIP | MIAMI FL | 34 CITY ST ZIP | MIAMI LAKES, FL 33014 |
| 41 TITLE | D | 41 TITLE | VD ☐ Change ☐ Addition |
| 42 NAME | COFFIN, NICK | 42 NAME | FOLAND, MIMI K. |
| 43 STREET ADDRESS | 16235 S.W. 281ST STREET | 43 STREET ADDRESS | 12393 SHERIDAN STREET |
| 44 CITY ST ZIP | MIAMI FL | 44 CITY ST ZIP | COOPER CITY, FL 33026 |
| 51 TITLE | VD | 51 TITLE | ☐ Change ☐ Addition |
| 52 NAME | SANCHEZ, ALAN | 52 NAME | |
| 53 STREET ADDRESS | 8204 SW 81ST TERRACE | 53 STREET ADDRESS | |
| 54 CITY ST ZIP | MIAMI FL | 54 CITY ST ZIP | |
| 61 TITLE | VD | 61 TITLE | ☐ Change ☐ Addition |
| 62 NAME | CAMMACK, RICHARD | 62 NAME | |
| 63 STREET ADDRESS | 200 E. LAS OLAS BLVD. | 63 STREET ADDRESS | |
| 64 CITY ST ZIP | FT. LAUDERDALE FL | 64 CITY ST ZIP | |

14. I do hereby certify that this information supplied with this filing is voluntarily furnished and 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

**SIGNATURE:** Robert R. Drake ROBERT R. DRAKE 4/24/95 821-9956
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0037634