

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **752155** (2)

1. Corporation Name

MIAMI ASSOCIATION OF FOOD TRADES, INC.



Principal Place of Business

Mailing Address

6880 WHITE OAK DR.
P. O. BOX 4531
MIAMI LAKES FL 33014

6880 WHITE OAK DR.
P. O. BOX 4531
MIAMI LAKES FL 33014

3. Date Incorporated or Qualified
04/23/1980

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME **D**
STREET ADDRESS **TORCHON, DAVID**
CITY-ST-ZIP **9981 SW 105TH AVENUE MIAMI FL**

1.1 TITLE ☐ Change ☒ Addition
1.2 NAME **SECTY SD**
1.3 STREET ADDRESS **JEAN TORCHON**
1.4 CITY-ST-ZIP **2550 NW 51 BOCA RATON, FL**

TITLE ☐ DELETE
NAME **TD**
STREET ADDRESS **DRAKE, ROBERT R**
CITY-ST-ZIP **6880 WHITE OAK DR MIAMI LAKES FL**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME **DIRECTOR**
2.3 STREET ADDRESS **NICK COFFIN D**
2.4 CITY-ST-ZIP **11051 NW 40TH AVE DAVIE, FL**

TITLE ☐ DELETE
NAME **PD**
STREET ADDRESS **FLORA, GENE C.**
CITY-ST-ZIP **6911 SILVER OAK DRIVE MIAMI LAKES FL**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME **VD**
STREET ADDRESS **FORBAND, MIMI PARKER**
CITY-ST-ZIP **12398 SHERIDAN STREET 9344 NW 45 ST MIAMI GARDEN, FL**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME **VD**
STREET ADDRESS **SANCHEZ, ALAN**
CITY-ST-ZIP **8804 SW 81ST TERRACE 8140 MIAMI FL**

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME **VD**
STREET ADDRESS **CAMMACK, RICHARD**
CITY-ST-ZIP **200 E. LAS OLAS BLVD. FT. LAUDERDALE FL**

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 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)(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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)