

FILE NOW: FILING FEE IS \$61.25

FILED

May 15 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA 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

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

Mailing Address

6880 WHITE OAK DR.
P. O. BOX 4531
MIAMI LAKES FL 33014-05313. Date Incorporated or Qualified
04/23/19803a. Date of Last Report
04/04/1996

2. Principal Place of Business

21 8740 S. W. 81 TERRACE

Suite, Apt. #, etc.

22

City & State

23 MIAMI, FLA.

Zip

24 33143

Country

25 DADE

2a. Mailing Address

26 8740 S. W. 81 TERRACE

Suite, Apt. #, etc.

27

City & State

28 MIAMI, FLA.

Zip

29 33143

Country

30 DADE

4. FEI Number

59-2171070

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes☐

Yes

☐

No

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

WILLIAM RIDOLPH

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

6851 MIAMI LAKEWAY So.

83

84 City

MIAMI LAKES,

FL

85 Zip Code

33014

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)

4-25-97

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☒ DELETE
NAME TORCHON, DAVID
STREET ADDRESS 9981 SW 105TH AVENUE
CITY-ST-ZIP MIAMI FLTITLE TD ☒ DELETE
NAME DRAKE, ROBERT R
STREET ADDRESS 6880 WHITE OAK DR
CITY-ST-ZIP MIAMI LAKES FLTITLE PD ☐ DELETE
NAME FLORA, GENE C.
STREET ADDRESS 6911 SILVER OAK DRIVE
CITY-ST-ZIP MIAMI LAKES FLTITLE VD ☐ DELETE
NAME PARKER, MIMI
STREET ADDRESS 9544 NW 48TH AVE
CITY-ST-ZIP CORAL GABLES FLTITLE VD ☐ DELETE
NAME SANCHEZ, ALAN
STREET ADDRESS 8740 SW 81ST TERR
CITY-ST-ZIP MIAMI FLTITLE VD ☒ DELETE
NAME CAMMACK, RICHARD
STREET ADDRESS 200 E. LAS OLAS BLVD.
CITY-ST-ZIP FT. LAUDERDALE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P ☒ Change ☐ Addition
1.2 NAME ALAN SANCHEZ
1.3 STREET ADDRESS 8740 S. W. 81 TERRACE
1.4 CITY-ST-ZIP MIAMI, FLORIDA 331432.1 TITLE V ☐ Change ☐ Addition
2.2 NAME MIMI PARKER
2.3 STREET ADDRESS 7090 TAFT ST.
2.4 CITY-ST-ZIP HOLLYWOOD, FL. 330243.1 TITLE S ☐ Change ☒ Addition
3.2 NAME DAVE PARKER
3.3 STREET ADDRESS 2930 BISCAYNE BLVD.
3.4 CITY-ST-ZIP MIAMI, FL. 331374.1 TITLE D ☒ Change ☐ Addition
4.2 NAME GENE FLORA
4.3 STREET ADDRESS 6911 SILVER OAK DR.
4.4 CITY-ST-ZIP MIAMI LAKES, FL. 330145.1 TITLE D ☐ Change ☒ Addition
5.2 NAME ALLAN MILLER
5.3 STREET ADDRESS 611 S. W. 66 TERRACE
5.4 CITY-ST-ZIP HOLLYWOOD, FL. 330236.1 TITLE D ☐ Change ☒ Addition
6.2 NAME WILLIAM RIDOLPH
6.3 STREET ADDRESS 6851 MIAMI LAKEWAY So.
6.4 CITY-ST-ZIP MIAMI LAKES, FL. 33014

14. I do hereby certify that the information supplied with this filing 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:

SIGNATURE REQUIRED

Bill Ridolph

(305)599-2337

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR WILLIAM RIDOLPH

Date

Daytime Phone # 0023099

CR2E037 (9/96)