FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # **F48575** **(7)**

1. Corporation Name

B. R. FOOD BROKERS, INC.

Principal Place of Business
14899 MEMORIAL HWY
PO BOX 64000 F
MIAMI FL 33168

Mailing Address
14899 MEMORIAL HWY
PO BOX 64000 F
MIAMI FL 33168

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26 P.O.Box640616
Suite, Apt. #, etc.
27 —
City & State
28 MIAMI FL
Zip 29 33164 Country 30 DADE

3. Date Incorporated or Qualified: 10/07/1981
3a. Date of Last Report: 02/07/1995
4. FEI Number: 59-2149331 ☐ 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

ROWE, ROBERT W.
14899 MEMORIAL HWY
MIAMI FL 33168

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 ____ DATE ____

12. OFFICERS AND DIRECTORS

TITLE	P	☒ DELETE
NAME	ROWE, ROBERT W	
STREET ADDRESS	290 N.E. 151 ST.	
CITY-ST-ZIP	MIAMI FL	
TITLE	ST	☐ DELETE
NAME	ROWE, ELAINE	
STREET ADDRESS	290 N.E. 151 ST.	
CITY-ST-ZIP	MIAMI FL	
TITLE		☐ DELETE
TITLE		☐ DELETE
TITLE		☐ DELETE
TITLE		☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	CEO	☒ Change ☐ Addition
1.2 NAME	ROWE ROBERT W	
1.3 STREET ADDRESS	290 N.E. 151 ST.	
1.4 CITY-ST-ZIP	MIAMI, FLA. 33162	
2.1 TITLE	P	☐ Change ☒ Addition
2.2 NAME	STEVEN E. SCHULTZ	
2.3 STREET ADDRESS	4921 ARTHUR ST.	
2.4 CITY-ST-ZIP	HOLLYWOOD, FL. 33024	
3.1 TITLE	VP	☐ Change ☒ Addition
3.2 NAME	SUSAN G. SCHULTZ	
3.3 STREET ADDRESS	4921 ARTHUR ST	
3.4 CITY-ST-ZIP	HOLLYWOOD, FL 33024	
4.1 TITLE		☐ Change ☐ Addition
5.1 TITLE		☐ Change ☐ Addition
6.1 TITLE		☐ 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 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: Robert W. Rowe 2-7-96 305 947-9966

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

ROBERT W. ROWE

CR2E034 (12/95)