

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

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Apr 09 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # F79443 (0)</b>			
1. Corporation Name <b>MIAMI QUALITY FOODS, INC.</b>			
Principal Place of Business <b>284 NW 27TH ST MIAMI FL 33127-4122</b>		Mailing Address <b>284 NW 27TH ST MIAMI FL 33127-4122</b>	
2. Principal Place of Business		2a. Mailing Address	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Zip
24	Country	29	Country
9. Name and Address of Current Registered Agent <b>CACIDO, JESUS 3300 W. 14 LANE HIALEAH FL 33012</b>		10. Name and Address of New Registered Agent	
		81	Name
		82	Street Address (P.O. Box Number is Not Acceptable)
		83	
		84	City
		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	
<i>[Signature]</i>			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	1.2 NAME
PD	CACIDO, JESUS	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP
3300 W. 14 LN	HIALEAH FL	2.1 TITLE	2.2 NAME
VD	GARCIA, ORESTES	2.3 STREET ADDRESS	2.4 CITY - ST - ZIP
2834 W 75 TERR	HIALEAH FL	3.1 TITLE	3.2 NAME
SD	AGUILAR, ISRAEL A.	3.3 STREET ADDRESS	3.4 CITY - ST - ZIP
6143 SW 114 COURT	MIAMI FL	4.1 TITLE	4.2 NAME
TD	AGUILAR, AMERICA	4.3 STREET ADDRESS	4.4 CITY - ST - ZIP
5451 SW 70 PLACE	MIAMI FL	5.1 TITLE	5.2 NAME
		5.3 STREET ADDRESS	5.4 CITY - ST - ZIP
		6.1 TITLE	6.2 NAME
		6.3 STREET ADDRESS	6.4 CITY - ST - ZIP
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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.			
SIGNATURE:		4/3/97 (305) 573-3126	
<i>[Signature]</i>			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	



CR2E034 (9/96)