

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

FILED  
Jun 03 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **G39445** (3)  
1. Corporation Name  
**SOUTH FLORIDA CHEESE IMPORTING CO., INC.**



Principal Place of Business <b>1080 NW 23RD STREET MIAMI FL 33127 US</b>	Mailing Address <b>C/O RIENZI 4197 ROYAL OAKS DRIVE WEST PALM BEACH FL 33410-6384 US</b>
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	3. Date Incorporated or Qualified <b>05/05/1983</b>	3a. Date of Last Report <b>07/08/1996</b>
		4. FEI Number <b>13-3162748</b>	Applied For <input type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>RIENZI, GERARDO 4197 ROYAL OAKS DRIVE WEST PALM BEACH GARDENS FL 33410</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 <b>FL</b>	
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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 Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when reinstating)		DATE
12. OFFICERS AND DIRECTORS		
TITLE	<b>S</b> <input type="checkbox"/> DELETE	
NAME	<b>RIENZI, IRENE</b>	
STREET ADDRESS	<b>4197 ROYAL OAKS DRIVE</b>	
CITY-ST-ZIP	<b>WEST PALM BEACH GARDENS FL</b>	
TITLE	<b>PS</b> <input type="checkbox"/> DELETE	
NAME	<b>HAHN, JEANNE</b>	
STREET ADDRESS	<b>2440 BRENTWOOD ROAD</b>	
CITY-ST-ZIP	<b>UNION NJ</b>	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	
NAME	<b>MONTALTO, ANTHONY V.</b>	
STREET ADDRESS	<b>415 STEVENS AVE.</b>	
CITY-ST-ZIP	<b>VALHALLA NY</b>	
TITLE	<input type="checkbox"/> DELETE	
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<input type="checkbox"/> DELETE	
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<input type="checkbox"/> DELETE	
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
3.1 TITLE		
3.2 NAME		
3.3 STREET ADDRESS	<b>19 CRESTVIEW DRIVE</b>	
3.4 CITY-ST-ZIP	<b>PLEASANTVILLE NY 10576</b>	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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 *Anthony V. Montalto* 5-16-97 (910) 241-1131

CR2E034 (9/96)