OCT-07-99 THU 12:54 PM MICHAEL A. CURREA, ESQ. 305 4709335 P.02

~~FILE NOW: FILING FEE AFTER MAY 1ST IS $550.00~~ Amended JD 61.05

PROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

99 OCT 21 AM 9:10

DOCUMENT # G49086

1. Corporation Name

EL TESORO FOODS, INC.

9-7-99 01093 002 70.00

Principal Place of Business	Mailing Address
POST OFFICE BOX 490315 MIAMI, FL 33149	P.O. BOX 490315 MIAMI, FL 33149

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/29/1983

4. FEI Number: 59-2343641 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒X $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

7. This corporation owes the current year intangible Personal Property Tax. ☐ Yes ☐ No

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

3a. Mailing Address (26): Suite, Apt. #, etc. (27); City & State (28); Zip (29); Country (30)

8. Name and Address of Current Registered Agent

OROZCO, JAIME
527 Bay Lane
Key Biscayne, FL 33149

10. Name and Address of New Registered Agent

81 Name: GINETTE OROZCO
82 Street Address (P.O. Box Number is Not Acceptable): 527 Bay Lane
83: Key Biscayne, FL 33149
84 City: Key Biscayne FL 85 Zip Code: 33149

11. Pursuant to the provisions of Sections 607.0502 and 607.1505, 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: X [signature] GINETTE OROZCO, Reg. Agent DATE

Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered agent signature required when reinstating.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
	☒ DELETE		☐ Change ☒ Addition
TITLE	PST	13.1 TITLE	PST
NAME	OROZCO, JAIME	13.2 NAME	OROZCO, GINETTE
STREET ADDRESS	527 Baylane	13.3 STREET ADDRESS	527 Baylane
CITY-ST-ZIP	KEY BISCAYNE, FL	13.4 CITY-ST-ZIP	Key Biscayne, FL
TITLE	☐ DELETE	14.1 TITLE	☐ Change ☐ Addition
NAME		14.2 NAME	
STREET ADDRESS		14.3 STREET ADDRESS	
CITY-ST-ZIP		14.4 CITY-ST-ZIP	
TITLE	☐ DELETE	15.1 TITLE	☐ Change ☐ Addition
NAME		15.2 NAME	
STREET ADDRESS		15.3 STREET ADDRESS	
CITY-ST-ZIP		15.4 CITY-ST-ZIP	
TITLE	☐ DELETE	16.1 TITLE	☐ Change ☐ Addition
NAME		16.2 NAME	
STREET ADDRESS		16.3 STREET ADDRESS	
CITY-ST-ZIP		16.4 CITY-ST-ZIP	
TITLE	☐ DELETE	17.1 TITLE	☐ Change ☐ Addition
NAME		17.2 NAME	
STREET ADDRESS		17.3 STREET ADDRESS	
CITY-ST-ZIP		17.4 CITY-ST-ZIP	
TITLE	☐ DELETE	18.1 TITLE	☐ Change ☐ Addition
NAME		18.2 NAME	
STREET ADDRESS		18.3 STREET ADDRESS	
CITY-ST-ZIP		18.4 CITY-ST-ZIP	
TITLE	☐ DELETE	19.1 TITLE	☐ Change ☐ Addition
NAME		19.2 NAME	
STREET ADDRESS		19.3 STREET ADDRESS	
CITY-ST-ZIP		19.4 CITY-ST-ZIP	

14. I 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, with all other like empowered.

SIGNATURE: X [signature] GINETTE OROZCO, President (305) 361-1127

SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL AUTHORIZED BY CORPORATION — DATE — DAYTIME PHONE #