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

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # G62962

1. Corporation Name

(7)

CEREALES Y CAFE VENCEDOR, INC.

VENCEDOR, INC.	
Mailing Address	7 (40)()) BETS BILLO FIRM FORCE DIRIC (10) BIGHT (10) (4) (10) (10) (10) (10) (10) (10) (10) (10

FILED

Feb 21 1997 8:00am

Secretary of State

MIAMI FL 33142		SUITE 103 MIAMI FL 33172-2162						
					3, Date Incorporated or Qualified 09/27/1983	3a. Date of Last Re 05/01/1996	ep ort	
	ace of Business	2a. Mailing Address			4. FEI Number	Ар	plied For	
21		26			59-2333737		t Applicable	
Suite, Apt.	#, etc	Suite, Apt. #, etc.	•		5. Certificate of Status Desired	\$8.75		
22		27			<u> </u>	Fee Re	·	
City & State	0	City & State			6. Election Campaign Financing	\$5.00		
23 Zip	Country	28 Ζιρ	Country		Trust Fund Contribution			
24	25	29	30		8. This corporation has liability for intengible tax under s. 199.032, Florida Statutes			
<u> </u>	9. Name and Address of ([30]		10. Name and Address of New Re			
Al V	AREZ, HELENE NOFFAL		81	Name				
	I S.W. 4TH STREET			<u> </u>	(200			
	ETWATER FL 33174		82	Street Addre	ess (P.O. Box Number is Not Acceptab	le)		
V112	Eliminen is volla		83	· · · · · · · · · · · · · · · · · · · 		· · · · · · · · · · · · · · · · · · ·		
			84	City		FL 85 Zip (Code	
office or re	egistered agent, or both, in the	07.0502 and 607.1508, Florida S e State of Florida. Such change v e obligations of, Section 607.050	was authorized by t	named corporation	oration submits this statement for the pon's board of directors. I hereby accept	urpose of changing it	s registered registered	
SIGNATURE				· · · · · · · · · · · · · · · · · · ·				
	Signature, typed or printed name of regis.	RS AND DIRECTORS	(NOTE: Registered Agent	eignature require	ADDITIONS/CHANGES TO OFFIC	DATE	C INI 12	
12. TITLE	PV	DELETE			ADDITIONS/CHANGES TO OTTIC	Change	Addition	
NAME	ALVAREZ, HELENE NOFI	-	1.2 NAME					
STREET ADDRESS	11511 S.W. 4TH STREET		1.3 STREET AC	nn neec				
DITY-ST-7IP	SWEETWATER FL		1.4 CITY-ST-					
TITLE	\$	DELETE		EIF .		Change	Addition	
NAME	MUNOZ, WALTER		2.2 NAME	.]	. 1	. –		
STREET ADDRESS	11511 S.W. 4TH STREET	ľ	2.3 STREET AL	DORESS				
CITY-ST-7IP	SWEETWATER FL		2. 4 CITY-ST					
TITLE	1	▼ DELETE				Change	Addition	
NAME	NORMAN, ALVAREZ		3.2 NAME	ļ				
STREET ADDRESS	11511 SW 4TH ST		3.3 STREET AL	ODRESS			Ì	
CITY - S1 - ZIP	SWEETWATER FL		3.4. CITY-ST-	-ZIP				
TITLE		☐ DELETE				☐ Change	Addition	
NAMÉ			4. 2 NAME					
STREET ADDRESS			4.3 STREET A	DORESS				
CITY - ST - ZIP			4.4 CITY-ST-	ZIP				
TITLE		DELETE	5.1 TITLE			☐ Change	Addition	
NAME			5.2 NAME					
STREET ADDRESS			5.3 STREET AL	DDRESS				
CITY - ST - ZIP			5.4 CITY-ST-	ZIP				
TITLE		DELETE				Change	Addition	
NAME			6.2 NAME					
STREET ACIDRESS			6.3 STREET AL	DORESS			Į	
CITY-ST-7iP			6.4 CITY-ST-	ZIP		·		
		and the state of t	114 11 11		in Charles 440 07/00/15 Clades Otables	the state of the state of the state of		

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 Brock 12 or Block 12 if chapted or or attachment with an address.

SIGNATURE:

IGNATURE AND TYPED OR PRINTED NAME OF SIGNAL OFFICER OR DIRECTOR

1.1697

305-6380533