

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

**APPROVED AND FILED**

95 APR 27 PM 2:40

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION  
ANNUAL REPORT  
1995



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

DOCUMENT # **G68475** (4)

1. Corporation Name  
**MAYABEQUE FOOD CORP.**

Principal Place of Business Mailing Address  
**2000 PALM AVENUE 1036 SW 1 STREET**  
**HIALEAH FL 33010 MIAMI FL 33130**  
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **11/09/1983** 3a. Date of Last Report **05/01/1994**

4. FEI Number **59-2344073** 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**

6. This corporation has liability for intangible tax under S. 100.002, Florida Statutes  Yes  No

2. Principal Place of Business 2a. Mailing Address  
21 **1036 S.W. 1 ST.** 26  
Suite, Apt. #, etc. Suite, Apt. #, etc.

22 City & State 27 City & State  
23 **MIAMI, FLORIDA** 28

24 **33130** 25 **U.S.** 29 Zip 30 Country

9. Name and Address of Current Registered Agent

**FLORIDA ANNUAL REPORT SERVICE CANTERA**  
**1036 SW 1 STREET**  
**MIAMI FL 33130**

10. Name and Address of New Registered Agent

81 Name **FLORIDA ANNUAL SERVICES INC.**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**1036 S.W. 1 ST.**  
83  
84 City **MIAMI** 85 Zip Code **FL 33130**

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 for 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 the legal obligations of Sections 607.0505, Florida Statutes.

SIGNATURE *[Signature]* **AMADA C. LOPEZ, PRES** DATE **4/25/95**

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD**  
NAME **GUAN, JOSE**  
STREET ADDRESS **2000 PALM AVENUE**  
CITY ST ZIP **HIALEAH FL**

1.1 TITLE  Change  Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY - ST - ZIP **600001471976**

TITLE **STD**  
NAME **GUAN, ANA MARIA**  
STREET ADDRESS **2000 PALM AVENUE**  
CITY ST ZIP **HIALEAH FL**

2.1 TITLE  Change  Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY - ST - ZIP **-05/02/95--011976022**  
**\*\*\*200.00 \*\*\*200.00**

TITLE  
NAME  
STREET ADDRESS  
CITY ST ZIP

3.1 TITLE  Change  Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY ST ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY ST ZIP

4.1 TITLE  Change  Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY ST ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY ST ZIP

5.1 TITLE  Change  Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY ST ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY ST ZIP

6.1 TITLE  Change  Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY ST ZIP **BP 4/27**

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 110.07(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 checked, or on an attachment with an address.

SIGNATURE: *[Signature]* **JOSE GUAN** DATE **4/25/95**