

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

**APPROVED  
AND  
FILED**

**97 MAY -1 AM 10: 28**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # G68475 (4)**

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

Principal Place of Business <b>2300 CORAL WAY MIAMI FL 33145</b>	Mailing Address <b>2300 CORAL WAY MIAMI FL 33145-3511</b>
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2. Principal Place of Business 21 <b>2300 CORAL WAY</b> Suite, Apt. #, etc. 22 <b># 200</b> City & State 23 <b>MIAMI FLORIDA</b> Zip 24 <b>33145</b>	2a. Mailing Address 26 <b>2300 CORAL WAY</b> Suite, Apt. #, etc. 27 <b># 200</b> City & State 28 <b>MIAMI FLORIDA</b> Zip 29 <b>33145</b>	Country 25 <b>US</b>	Country 30 <b>US</b>	3. Date Incorporated or Qualified <b>11/09/1983</b>	3a. Date of Last Report <b>05/01/1996</b>	4. FEI Number <b>59-2344073</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>			
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>				<b>\$5.00 May Be Added to Fees</b>			
7. 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>FLORIDA ANNUAL REPORT SERVICES INC. 2300 CORAL WAY #200 MIAMI FL 33145</b>	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 85 Zip Code
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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 officer 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]* **AMADA CANTERA LOPEZ, PRES.** DATE: **4/23/97**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>PD GUAN, JOSE</b>	1.2 NAME	
STREET ADDRESS	<b>2000 PALM AVENUE</b>	1.3 STREET ADDRESS	
CITY- ST- ZIP	<b>HIALEAH FL</b>	1.4 CITY- ST- ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>STD GUAN, ANA MARIA</b>	2.2 NAME	
STREET ADDRESS	<b>2000 PALM AVENUE</b>	2.3 STREET ADDRESS	
CITY- ST- ZIP	<b>HIALEAH FL</b>	2.4 CITY- ST- ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	<b>600002168046--1</b>
STREET ADDRESS		3.3 STREET ADDRESS	<b>-05/06/97--01102--025</b>
CITY- ST- ZIP		3.4 CITY- ST- ZIP	<b>****165.00 ****165.00</b>
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY- ST- ZIP		4.4 CITY- ST- ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY- ST- ZIP		5.4 CITY- ST- ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY- ST- ZIP		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: *[Signature]* **JOSE GUAN - PRESIDENT** DATE: **4/23/97** Daytime Phone # **0202847**

CP2E034 (9/96)