

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

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AND
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99 APR 30 AM 9:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

0217667

PROFIT CORPORATION ANNUAL REPORT 1999

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



DOCUMENT # **G68475**

1. Corporation Name
MAYABEQUE FOOD CORP.

Principal Place of Business
2300 CORAL WAY #200 MIAMI FL 33145

Mailing Address
2300 CORAL WAY #200 MIAMI FL 33145

2. Principal Place of Business
21 **2300 CORAL WAY**
Suite, Apt #, etc.
22 **SUITE # 200**
City & State
23 **MIAMI FLORIDA**
Zip Country
24 **33145** 25 **U.S.**

2a. Mailing Address
26 **2300 CORAL WAY**
Suite, Apt #, etc.
27 **SUITE # 200**
City & State
28 **MIAMI FLORIDA**
Zip Country
29 **33145** 30 **U.S.**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
11/09/1983

4. FEIN Number
59-2344073

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Electronic Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax (Yes) (No)

10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent
**FLORIDA ANNUAL REPORT SERVICES INC.
2300 CORAL WAY #200 MIAMI FL 33145**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submit 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. The hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE *Amada Cantera Lopez* **AMADA CANTERA LOPEZ, PRES.**

12. OFFICERS AND DIRECTORS

TITLE	PD	[] DELETE
NAME	GUAN, JOSE	
STREET ADDRESS	2000 PALM AVENUE	
CITY-ST-ZIP	HIALEAH FL	
TITLE	STD	[] DELETE
NAME	GUAN, ANA MARIA	
STREET ADDRESS	2000 PALM AVENUE	
CITY-ST-ZIP	HIALEAH FL	
TITLE		[] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13 TITLE	[] Change [] Add
13 NAME	
13 STREET ADDRESS	
13 CITY-ST-ZIP	
13 TITLE	
13 NAME	
13 STREET ADDRESS	
13 CITY-ST-ZIP	
13 TITLE	[] Change [] Add
13 NAME	
13 STREET ADDRESS	
13 CITY-ST-ZIP	
13 TITLE	[] Change [] Add
13 NAME	
13 STREET ADDRESS	
13 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)(g), 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: *Amada Cantera Lopez*
SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
AMADA CANTERA LOPEZ, PRES.

4-26-99

CR2E034 (4-1-98)

APR 30