FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

PROFIT CORPORATION ANNUAL REPORT **1997**	FLORIDA DEPARTMENT STATE **Sandra B. Mort...m** Secretary of Sta... DIVISION OF CORPOR...TIONS

FILED
Jul 25 1997 8:00am
Secretary of State

DOCUMENT # H42328   (5)

1. Corporation Name
AMERICAN FOOD EXCHANGE, INC.

Principal Place of Business	Mailing Address
3660 NW 71 ST MIAMI FL 33147-6520 US	P O BOX 431244 MIAMI FL 33243-1244 US

3. Date Incorporated or Qualified **02/01/1985**	**3a.** Date of Last Report **01/29/1996**		

2. Principal Place of Business	2a. Mailing Address	4. FEI Number **59-2611805**	Applied For ☐ / Not Applicable ☐
[21] **2900 NW 75 ST**	[26]	**59-2611805**	
Suite, Apt. #, etc. [22] **202**	Suite, Apt. #, etc. [27]	**5.** Certificate of Status Desired ☐	$8.75 Additional Fee Required
City & State [23] **MIAMI F**	City & State [28]	**6.** Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
Zip [24] **33147** / [25] Country **USA**	Zip [29] / [30] Country	**8.** This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent	
SAMPEDRO, EDUARDO **8452 S.W. 74TH ST.** **MIAMI FL 33143**	81 Name	
	82 Street Address (P.O. Box Number is Not Acceptable)	
	83	
	84 City	FL 85 Zip Code

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, 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 _____*Sampedro*_____ EDUARDO SAMPEDRO   6/26/97
Signature Typed or printed name of registered agent and title if applicable   (NOTE: Registered Agent signature required when reinstating)   DATE

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE **PD** ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME **SAMPEDRO, EDUARDO**	1.2 NAME	
STREET ADDRESS **8452 SW 74TH STREET**	1.3 STREET ADDRESS	
CITY-ST-ZIP **MIAMI FL**	1.4 CITY-ST-ZIP	
TITLE **VP** ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME **SAMPEDRO, CARLOS R.**	2.2 NAME	
STREET ADDRESS **8690 SW 74 TERR**	2.3 STREET ADDRESS	
CITY-ST-ZIP **MIAMI FL**	2.4 CITY-ST-ZIP	
TITLE ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	3.2 NAME	
STREET ADDRESS	3.3 STREET ADDRESS	
CITY-ST-ZIP	3.4 CITY-ST-ZIP	
TITLE ☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	4.2 NAME	
STREET ADDRESS	4.3 STREET ADDRESS	
CITY-ST-ZIP	4.4 CITY-ST-ZIP	
TITLE ☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	5.2 NAME	
STREET ADDRESS	5.3 STREET ADDRESS	
CITY-ST-ZIP	5.4 CITY-ST-ZIP	
TITLE ☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	6.2 NAME	
STREET ADDRESS	6.3 STREET ADDRESS	
CITY-ST-ZIP	6.4 CITY-ST-ZIP	

CR2E034 (9/96)

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)*_____ Carlos Sampedro 7/21/97 (305) 691-3663