

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # K90144 (2)

1. Corporation Name

PREMIUM FOOD DISTRIBUTORS, INC.



Principal Place of Business

C/O CESAR GAMEZ
567 N.E. 141ST ST.
NORTH MIAMI FL 33161

Mailing Address

C/O CESAR GAMEZ
567 NE 141 ST
NORTH MIAMI FL 33161
US

3. Date Incorporated or Qualified

05/23/1989

3a. Date of Last Report

07/13/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

65-0034386

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

GAMEZ, CESAR
567 N.E. 141ST ST.
NORTH MIAMI FL 33161

10. Name and Address of New Registered Agent

81 Name

CESAR GAMEZ

82 Street Address (P.O. Box Number is Not Acceptable)

15424 NE 2ND AVE

83

84 City

NMB

FL

85 Zip Code

33161

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

Signature (typed or printed name of registered agent) (Type in Block 12)

(NOTE: Registered Agent's signature required when not filing)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME
D
GAMEZ, CESAR
STREET ADDRESS
567 N.E. 141ST ST.
CITY - ST - ZIP
NORTH MIAMI FL

TITLE ☐ DELETE

NAME
D
GAMEZ, ESTELLA
STREET ADDRESS
567 N.E. 141ST ST.
CITY - ST - ZIP
NORTH MIAMI 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

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME
GAMEZ, CESAR
1.3 STREET ADDRESS
15424 NE 2ND AVE
1.4 CITY - ST - ZIP
NMB, FL 33161

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME
GAMEZ, ESTELLA
2.3 STREET ADDRESS
15424 NE 2ND AVE
2.4 CITY - ST - ZIP
NMB, FL 33161

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

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 119.07(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 changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ESTELLA GAMEZ

4/20/96

305-947-0570

CR2E034 (12/95)