LE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN -1 AM 11:11

DOCUMENT # **L89469** **(5)**

Corporation Name

ITAL FLORIDA FOODS, INC.

Principal Place of Business	Mailing Address
801 NW 125TH ST MIAMI FL 33167 US	2801 NW 125TH ST MIAMI FL 33167 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **07/27/1990**
3a. Date of Last Report: **04/22/1994**

Principal Place of Business	2a. Mailing Address
	26
Suite, Apt. #, etc	Suite, Apt. #, etc 27
City & State	City & State 28
Zip / County 25	Zip / County 29 / 30

4. FEI Number: ~~65-0218139~~ 65-0367456 — 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

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

9. Name and Address of Current Registered Agent

~~GARCIA, RAMIRO~~
~~1500 SAN REMO~~
~~STE 175~~
~~CORAL GABLES FL 33146~~

10. Name and Address of New Registered Agent

81 Name: MARCO DIOGUARDI
82 Street Address (P.O. Box Number is Not Acceptable): 2801 NW 125 ST
83:
84 City: MIAMI — **FL** — 85 Zip Code: 33167

Pursuant to the provisions of Section(s) 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: MARCO DIOGUARDI (Plant Manager) — 5/30/95
(Signature, type or print name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

OFFICERS AND DIRECTORS		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
LE	VP	11 TITLE	☐ Change ☐ Addi
AME	GARCIA, RAMIRO	12 NAME	
REET ADDRESS	10775 SW 88 CT	13 STREET ADDRESS	
TY ST ZIP	MIAMI FL	14 CITY ST ZIP	
LE	D	21 TITLE	☐ Change ☐ Add
AME	DIOGUARDI, LUCIO	22 NAME	
REET ADDRESS	AV LA MESETA RES LA	23 STREET ADDRESS	
TY ST ZIP	CARACAS VENEZUELA	24 CITY ST ZIP	
LE	D	31 TITLE	☐ Change ☐ Ad
AME	DIOGUARDI, CLAUDIO	32 NAME	
REET ADDRESS	CALLE T RES. SAINT MORIT	33 STREET ADDRESS	
TY ST ZIP	CARACAS VENEZUELA	34 CITY ST ZIP	
LE	TD	41 TITLE	☐ Change ☐ Addi
AME	SEMIDEY, LUIS E.	42 NAME	
REET ADDRESS	CALLE A-3 QTA FANFATALIT	43 STREET ADDRESS	
TY ST ZIP	CARACAS VENEZUELA	44 CITY ST ZIP	
LE	D	51 TITLE	☐ Change ☐ Addition
AME	PALAZZESE, GIOVANNI	52 NAME	
REET ADDRESS	AV LOS SAMANES RES	53 STREET ADDRESS	
TY ST ZIP	CARACAS VENEZUELA	54 CITY ST ZIP	
LE	SD	61 TITLE	☐ Change ☐ Addition
AME	SPORTIELLO, MICHELE	62 NAME	
REET ADDRESS	AV MANAURE SECTOR J	63 STREET ADDRESS	
TY ST ZIP	CARACAS VENEZUELA	64 CITY ST ZIP	

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)(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 above, or on an attachment with an address.

SIGNATURE: MARCO DIOGUARDI (Plant Manager) — 5/31/95 — (305) 769-0799
SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR OR OFFICER — Title — Daytime Phone #

0607000 CP

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Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **L89686** **(4)**

1. Corporation Name
CARRIBEAN DEMOLITION, INC.

Principal Place of Business	Mailing Address
9023 SW 9TH TER **MIAMI FL 33174**	**9023 SW 9TH TER** **MIAMI FL 33174**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **07/30/1990**
3a. Date of Last Report: **04/26/1994**

2. Principal Place of Business 21
2a. Mailing Address 26
4. FEI Number: **65-0209550** ☐ Applied For ☐ Not Applicable

Suite, Apt. #, etc 22
Suite, Apt. #, etc 27
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

City & State 23
City & State 28
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

Zip 24 | County 25 | Zip 29 | County 30
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☑ Yes ☐ No

9. Name and Address of Current Registered Agent

SMITH, RAUL
9023 SW 9TH TER
MIAMI FL 33174

10. Name and Address of New Registered Agent

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 _____ DATE
Signature, typed or printed name of registered agent, and title if applicable — NOTE: Registered Agent signature required when reinstating

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	ST	11 TITLE	☐ Change ☐ Addition
NAME	SMITH, LUIS C	12 NAME	
STREET ADDRESS	C/O 9023 S.W. 9TH TERR	13 STREET ADDRESS	
CITY ST ZIP	MIAMI FL 33174	14 CITY ST ZIP	
TITLE	V	21 TITLE	☐ Change ☐ Addition
NAME	CORZO, CARLOS P	22 NAME	
STREET ADDRESS	C/O 9023 S.W. 9TH TERR	23 STREET ADDRESS	
CITY ST ZIP	MIAMI FL 33174	24 CITY ST ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY ST ZIP		34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 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)(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: X Luis C. Smith Luis C. Smith ST June 01, 1995 (305)551-7771
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0189480 CP

FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED

DOCUMENT # **L89982** **(7)**

1. Corporation Name
NINE DRAGONS, INC.

Principal Place of Business	Mailing Address
930 E 9 STREET **HIALEAH FL 33010**	**930 E 9 STREET** **HIALEAH FL 33010**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	3a. Date of Last Report
07/24/1990	**06/06/1994**

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

4. FEI Number **65-0207231** ☐ 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	10. Name and Address of New Registered Agent
CHANG, MATTY **930 E 9TH STREET** **HIALEAH FL 33010**	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 _____ DATE
Signature, typed or printed name of registered agent, and title if applicable — NOTE: Registered Agent signature required when reinstating

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	**PD**	11 TITLE	☐ Change ☐ Addition
NAME	**CHANG, MATTY**	12 NAME	
STREET ADDRESS	**930 E 9TH STREET**	13 STREET ADDRESS	
CITY ST ZIP	**HIALEAH FL**	14 CITY ST ZIP	
TITLE	**STD**	21 TITLE	☐ Change ☐ Addition
NAME	**CHANG, MATTY**	22 NAME	
STREET ADDRESS	**930 E 9TH STREET**	23 STREET ADDRESS	
CITY ST ZIP	**HIALEAH FL**	24 CITY ST ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY ST ZIP		34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 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)(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: Matty Chang (CHANG MATTY) PD — 5/31/95 — (305)885-8876
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0078446 CP