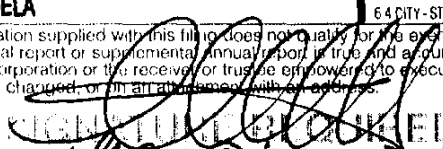


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Apr 02 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # L89469 (5) 1. Corporation Name ITAL FLORIDA FOODS, INC.			
Principal Place of Business 2801 NW 125TH ST MIAMI FL 33167 US		Mailing Address 2801 NW 125TH ST MIAMI FL 33167-2514 US	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	
3. Date Incorporated or Qualified 07/27/1990		3a. Date of Last Report 05/01/1996	
4. FEI Number 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	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No			
9. Name and Address of Current Registered Agent DI GUARDI, MARCO 2801 NW 125TH ST STE 175 MIAMI FL 33167		10. Name and Address of New Registered Agent 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 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE VP ☒ DELETE		1.1 TITLE ☐ Change ☐ Addition	
NAME GARCIA, RAMIRO		1.2 NAME	
STREET ADDRESS 10775 SW 88 CT		1.3 STREET ADDRESS	
CITY-ST-ZIP MIAMI FL		1.4 CITY-ST-ZIP	
TITLE D ☐ DELETE		2.1 TITLE ☐ Change ☐ Addition	
NAME DI GUARDI, LUCIO		2.2 NAME	
STREET ADDRESS AV LA MESETA RES LA		2.3 STREET ADDRESS	
CITY-ST-ZIP CARACAS VENEZUELA		2.4 CITY-ST-ZIP	
TITLE D ☐ DELETE		3.1 TITLE VICE-PRESIDENT ☒ Change ☐ Addition	
NAME DI GUARDI, CLAUDIO		3.2 NAME	
STREET ADDRESS CALLE T RES. SAINT MORIT		3.3 STREET ADDRESS	
CITY-ST-ZIP CARACAS VENEZUELA		3.4 CITY-ST-ZIP	
TITLE TD ☐ DELETE		4.1 TITLE ☐ Change ☐ Addition	
NAME SEMIDEY, LUIS E.		4.2 NAME	
STREET ADDRESS CALLE A-3 QTA FANFATALIT		4.3 STREET ADDRESS	
CITY-ST-ZIP CARACAS VENEZUELA		4.4 CITY-ST-ZIP	
TITLE D ☐ DELETE		5.1 TITLE ☐ Change ☐ Addition	
NAME PALAZZESE, GIOVANNI		5.2 NAME	
STREET ADDRESS AV LOS SAMANES RES		5.3 STREET ADDRESS	
CITY-ST-ZIP CARACAS VENEZUELA		5.4 CITY-ST-ZIP	
TITLE SD ☐ DELETE		6.1 TITLE ☐ Change ☐ Addition	
NAME SPORTIELLO, MICHELE		6.2 NAME	
STREET ADDRESS AV MANAURE SECTOR J		6.3 STREET ADDRESS	
CITY-ST-ZIP CARACAS VENEZUELA		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 in an attachment with an address.			
SIGNATURE:  3/28/97 SIGNATURE AND TYPE OF OFFICER OR DIRECTOR _____ Date _____ Daytime Phone # _____			

CR2E034 (9/96)