


FILE NOW: Fee after May 1, will be \$588.75

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AND
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
FILING FEE \$ 203.75		Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE	
1. Name and Mailing Address of Limited Liability Company MOLINERA INTERNATIONAL, L.C. 11701 N.W. 100TH RD. SUITE 2 MIAMI FL 33178		DOCUMENT # L95000000043	
If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.		1a. Principal Place of Business Address 11701 N.W. 100TH RD. SUITE 2 MIAMI FL 33178	
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		2a. Mailing Address Suite, Apt. #, etc. City & State Zip Country	
3. Date Organized or Qualified 01/17/1995		3a. State of Formation FL	
4. FEI Number 59-3290570		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Date of Last Report 02/29/1996		6. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
7. Name and Address of Current Registered Agent SIMAN, FERNANDO E 5000 S.W. 75TH AVE. 4TH FLOOR MIAMI FL 33155		8. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code	
9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company 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 affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.			
SIGNATURE _____		DATE _____	
(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)			
10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGRM	SOUTHEASTERN FOOD DI,	5000 S.W. 75TH AVE., 4TH F	MIAMI FL
			3000002123498--2 -03/25/97--01055--001 ****203.75 ****203.75 A. Alan 3/21/97
11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as provided in Florida Statutes; and that my name appears in Block 10, or on an attachment with an address.			
SIGNATURE: <i>Fernando Siman</i>		By: SOUTHEASTERN FOOD DISTRIBUTORS, INC. ITS MANAGER By: FERNANDO E. SIMAN, President 1-31-97 (305) 883-6060	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGER		Date Daytime Phone #	