File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE LIMITED LIABILITY COMPANY FLORIDA DEPARTMENT OF STATE Katherine Harris ANNUAL REPORT FILED Secretary of State 1999 DIVISION OF CORPORATIONS COLPR 21 PH 5: 00 FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE Name and Mailing Address of Limited Liability Company **DOCUMENT #** 19700000192 1a. Principal Place of Business Address BMB FOODS L.C. 11725 NW 100TH ROAD 11725 NW 100TH ROAD SUITE 4 SUITE 4 MEDLEY FL 33178 MEDLEY FL 33178 2 Principal Place of Business 2a. Mailing Address 3. Date Organized or Qualified 3a. State of Formation 02/14/1997 FLSuite, Ap! #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 65-0729167 Not Applicable 5. Date of Last Report 6. Certificate of Status Desired Zio Country Country \$8.75 Additional Fee Required 04/27/1998 7. Name and Address of Current Registered Agent 8. Name and Address of New Registered Agent/Office CONTESSA, PAUL ESQ 15321 SOUTH DIXIE HIGHWAY Street Address (P.O. Box Number is Not Acceptable) SUITE 207 -04/29/99---01103---007 MIAMI FL 33157 Suite, Apt #, etc \*\*\*\*188.75 \*\*\*\*188.7 City 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 \_ (Registered Agent Accepting Appointment) (NOTE Registered Agent's greature required when remoting) 10. Title Managing Members/Managers **Business Street Address** City, State and Zip Code MGRM ABRANTE, ALBERTO SR 11725 NW 100TH RD, STE 4 MEDLEY FL MGRM ABRANTE, JOSE SR 11725 NW 100TH RD, STE 4 MEDLEY FL MGRM ABRANTE, JOSE 11725 NW 100TH RD, STE 4 MEDLEY FL MGRM SERVITJE-MONTULL, LORE 600 N SHEPHERD DR, STE 511 HOUSTON TX 11 I do hereby certify that the information supplied with this filling 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 required by Chapter 608, Florida Statutes, and that my name appears in Block 10, or on an

THE AND TYPED OF PRINTED NAME OF SIGNING MANAGINES MEMBER OF MANAGES

attachment with an address.

SIGNATURE: