

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

FILED  
May 05 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # M02763 (4)  
1. Corporation Name  
JAVIER MEAT PROCESSING & DISTRIBUTORS, INC.



Principal Place of Business Mailing Address  
12951 NW PORTSIDE ROAD 12951 NW PORTSIDE ROAD  
BAY #1 BAY #1  
OPALOCKA FL 33054 OPALOCKA FL 33054

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		07/16/1984	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-2689422	
24 Country		30 Country		Applied For	
				Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LOPEZ, JAVIER  
12951 NW PORTSIDE ROAD  
BAY #1  
OPALOCKA FL 33054

81 Name Lopez Santiago P.  
82 Street Address (P.O. Box Number is Not Acceptable) 8361 NW 179 St  
83  
84 City Miami FL 85 Zip Code 33055

11. Pursuant to the provisions of Sections 607.0402 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	DP	1.1 TITLE	DPST
NAME	LOPEZ, JAVIER A.	1.2 NAME	Lopez Santiago P.
STREET ADDRESS	8321 NW 179 ST	1.3 STREET ADDRESS	8361 NW 179 St
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	Miami FL 33055
<input checked="" type="checkbox"/> DELETE		2.1 TITLE	
TITLE	DST	2.2 NAME	
NAME	LOPEZ, MELVA L.	2.3 STREET ADDRESS	
STREET ADDRESS	8321 NW 179 ST	2.4 CITY-ST-ZIP	
CITY-ST-ZIP	MIAMI FL	3.1 TITLE	
<input type="checkbox"/> DELETE		3.2 NAME	
TITLE		3.3 STREET ADDRESS	
NAME		3.4 CITY-ST-ZIP	
STREET ADDRESS		4.1 TITLE	
CITY-ST-ZIP		4.2 NAME	
<input type="checkbox"/> DELETE		4.3 STREET ADDRESS	
TITLE		4.4 CITY-ST-ZIP	
NAME		5.1 TITLE	
STREET ADDRESS		5.2 NAME	
CITY-ST-ZIP		5.3 STREET ADDRESS	
<input type="checkbox"/> DELETE		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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 on an attachment with an address.

SIGNATURE 205-1685244

CR2E034 (10/97)