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0571900

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # M02763

1. Corporation Name  
**JAVIER MEAT PROCESSING & DISTRIBUTORS, INC.**

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

Mailing Address  
12951 NW PORTSIDE ROAD  
BAY #1  
OPALOCKA FL 33054

FILED

93 FEB -1 PM 12:43

SECRETARY OF STATE  
1211 N. GADSDEN  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

07/16/1984

4. FEI Number

59-2689422

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 owes the current year Intangible  
Personal Property Tax. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

LOPEZ, SANTIAGO P  
8321 NW 179TH STREET  
MIAMI FL 33015

10. Name and Address of New Registered Agent

81 Name *Lopez Raul*  
82 Street Address (P.O. Box Number is Not Acceptable)  
*8321 NW 179th*  
83  
84 City *Miami* FL 85 Zip Code *33015*

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

*Raul Lopez*  
Signature, typed or printed name of registered agent, and title if applicable

*Raul Lopez*  
(NOTE: Registered Agent signature required when reinstating)

*1/26/99*  
DATE

12. OFFICERS AND DIRECTORS

TITLE ☒ DELETE  
NAME *PSTD*  
STREET ADDRESS *LOPEZ, SANTIAGO P*  
CITY-ST-ZIP *8321 NW 179 ST*  
*MIAMI FL 33015*

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE *DIPS* ☐ Change ☐ Addition  
1.2 NAME *Lopez Raul*  
1.3 STREET ADDRESS *8321 NW 179th*  
1.4 CITY-ST-ZIP *Miami FL 33015*

2.1 TITLE *DT* ☐ Change ☐ Addition  
2.2 NAME *Lopez Javier*  
2.3 STREET ADDRESS *8321 NW 179th*  
2.4 CITY-ST-ZIP *Miami FL 33015*

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
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, with all other like empowered.

SIGNATURE:

*Raul Lopez*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*1/26/99 3056854222*  
Date and Phone #

CR2E034 (11/98)