SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.

FILED AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.) Jul 24 1997 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1997 DOCUMENT # M03862 (3) POULTRY AND INDUSTRIAL SUPPLIERS, INC. Principal Place of Business Mailing Address 7426 S.W. 48TH STREET 7426 S.W. 48TH STREET **MIAMI FL 33155** MIAMI FL 33155 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 3a. Date of Last Report 08/10/1984 09/06/1996 2. Principal Place of Business 2a. Mailing Address 4, FEI Number Applied For 59-2700638 21 Not Applicable 26 Suite. Apt. #. etc. Suite. Ant # etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be П 28 Trust Fund Contribution Added to Fees 23 Zip Country Zφ Country 8. This corporation owes or has paid the current year Intangible 24 Personal Property Tax due June 30. 25 29 30 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent DAVIS, MILAGRO L 81 Name 11850 S.W. 94TH STREET 82 Street Address (P.O. Box Number is Not Acceptable) MIAMI FL 33186 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, Soction 607.0505, Florida Statutes. SIGNATURE Signature, lyped or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE Change Addition TITLE 1.1 TITLE DAVIS, MILAGRO L NAME 1.2 NAME 11850 S.W. 94TH STREET STREET ADDRESS 1.3 STREET ADDRESS **MIAMI FL 33186** 1.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE MENENDEZ, RICARDO A NAME 2.2 NAME 10164 S.W. 156TH COURT STREET ADDRESS 2.3 STREET ADDRESS **MIAMI FL 33194** CITY-ST-ZIP 2. 4 CITY - ST - ZIP ☐ DELETE 3.1 TULE ☐ Change ■ Addition THILE ALGER, CARLOS NAME 3.2 NAME 7421 S.W. 149TH COURT STREET ADDRESS 3 3 STREET ADORESS **MIAMI FL 33193** CITY-ST-ZIP 3.4 CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP CITY-ST-ZIP TITLE DELETE 5.1 TITLE Change ☐ Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE Addition 6.1 TITLE TITLE NAME 62 NAME

uplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the fit or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath, that the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name legit, or on an attachment with an address. 14. I do hereby certify that the information information indicated on this annual I am an officer or director of the copy appears in Block 12 or Block 13

6.3 STREET ADDRESS 6.4 CITY - ST - ZIP

STREET ADDRESS

CITY-ST-ZIP