FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 MAR 27 PM 3:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M04724 (4)

1. Corporation Name
BEST WAY MEAT CORP. 027

Principal Place of Business	Mailing Address
756 N.W. 183 STREET MIAMI FL 33169-4250	756 N.W. 183 STREET MIAMI FL 33169-4250

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 08/30/1984
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business (21)
2a. Mailing Address (26)
Suite, Apt. #, etc. (22) / (27)
City & State (23) / (28)
Zip (24) Country (25) / Zip (29) Country (30)

4. FEI Number: 59-2445526 ☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

MONTALVO, ADALBERTO
12864 SW 53RD STREET
MIAMI FL 33175

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 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, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed 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	
TITLE	~~PD~~	1.1 TITLE	☐ Change ☐ Addition
NAME	~~MONTALVO, EVANGELISTA~~	1.2 NAME	
STREET ADDRESS	~~12864 S.W. 53 ST.~~	1.3 STREET ADDRESS	
CITY-ST-ZIP	~~MIAMI FL~~	1.4 CITY-ST-ZIP	
TITLE	SD	2.1 TITLE	VICE PRESIDENT/SECRETARY ☒ Change ☐ Addition
NAME	MONTALVO, INOCENSIA	2.2 NAME	INOCENSIA MONTALVO
STREET ADDRESS	12864 S.W. 53 ST.	2.3 STREET ADDRESS	12864 S.W. 53 STREET
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	MIAMI, FLORIDA 33175
TITLE	TD	3.1 TITLE	PRESIDENT ☒ Change ☐ Addition
NAME	MONTALVO, ADALBERTO	3.2 NAME	ADALBERTO MONTALVO
STREET ADDRESS	12864 S.W. 53 ST.	3.3 STREET ADDRESS	2730 S.W. 4 AVENUE
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	MIAMI, FLORIDA 33129
TITLE	TREASURER	4.1 TITLE	TREASURER ☐ Change ☒ Addition
NAME		4.2 NAME	SUSANA MONTALVO
STREET ADDRESS		4.3 STREET ADDRESS	12864 S.W. 53 STREET
CITY-ST-ZIP		4.4 CITY-ST-ZIP	MIAMI, FLORIDA 33175
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Adalberto Montalvo 01/21/95 305-653-5963
Individual's Signature and Printed Name of Signing Officer or Director — Date — Daytime Phone #
President

0184602 CP