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027

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **M04724** (4)

1. Corporation Name

**BEST WAY MEAT CORP.**



Principal Place of Business

**756 N.W. 183 STREET  
MIAMI FL 33169-4250**

Mailing Address

**756 N.W. 183 STREET  
MIAMI FL 33169-4250**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

9. Name and Address of Current Registered Agent

**MONTALVO, ADALBERTO  
12864 SW 53RD STREET  
MIAMI FL 33175**

3. Date Incorporated or Qualified

**08/30/1984**

3a. Date of Last Report

**03/27/1995**

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

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

Signature, typed or printed name of registered agent and (if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY- ST- ZIP	DELETE
	<b>T</b>	<b>MONTALVO, SUSANA</b>	<b>12864 SW 53 STREET</b>	<input type="checkbox"/>
		<b>MIAMI FL</b>		
	<b>VPS</b>	<b>MONTALVO, INOCENSIA</b>	<b>12864 S.W. 53 ST.</b>	<input type="checkbox"/>
		<b>MIAMI FL</b>		
	<b>P</b>	<b>MONTALVO, ADALBERTO</b>	<b>12864 S.W. 53 ST.</b>	<input type="checkbox"/>
		<b>MIAMI FL</b>		
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY- ST- ZIP	1.5 TITLE	1.6 NAME	1.7 STREET ADDRESS	1.8 CITY- ST- ZIP	1.9 TITLE	1.10 NAME	1.11 STREET ADDRESS	1.12 CITY- ST- ZIP	1.13 TITLE	1.14 NAME	1.15 STREET ADDRESS	1.16 CITY- ST- ZIP	1.17 TITLE	1.18 NAME	1.19 STREET ADDRESS	1.20 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)(k), 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 04-25-96**

**305-653-5963**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)