

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **M08908**

(9)

1. Corporation Name

G-M FOODS, INC.



Principal Place of Business

**8390 N.W. 53RD STREET, SUITE 314
MIAMI FL 33166**

Mailing Address

**8390 N.W. 53RD STREET, SUITE 314
MIAMI FL 33166**

3. Date Incorporated or Qualified
12/11/1984

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Sub. Apt. #, etc.

Sub. Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**GARCIA, HORACIO S.
8820 S.W. 104 ST.
MIAMI FL 33176**

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 607.0012 and 607.1506, 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 607.0099, Florida Statutes.

SIGNATURE

Signature of Registered Agent

Signature of Registered Agent

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE
2. NAME
3. STREET ADDRESS
4. CITY, ST, ZIP
5. TITLE
6. NAME
7. STREET ADDRESS
8. CITY, ST, ZIP
9. TITLE
10. NAME
11. STREET ADDRESS
12. CITY, ST, ZIP
13. TITLE
14. NAME
15. STREET ADDRESS
16. CITY, ST, ZIP
17. TITLE
18. NAME
19. STREET ADDRESS
20. CITY, ST, ZIP

**VSD
GARCIA, HORACIO S.
8820 S.W. 104 ST.
MIAMI FL 33176
PD
MEMENDEZ, PEDRO
435 LEUCADENDRA DRIVE
CORAL GABLES FL 33156**

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1. TITLE
2. NAME
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4. CITY, ST, ZIP
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13. TITLE
14. NAME
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16. CITY, ST, ZIP
17. TITLE
18. NAME
19. STREET ADDRESS
20. CITY, ST, ZIP

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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 supplementary 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 on Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PEDRO MENENDEZ

2/12/96

(305) 477-4104

DATE

PHONE

CR2E034 (12/95)