

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 # **M63051** (0)
1. Corporation Name
FOOD AMERICS ENTERPRISES, INC.



Principal Place of Business

**36 N.E. 1ST STREET
SEIBOLD ARCADE
MIAMI FL 33132**

Mailing Address

**36 N.E. 1ST STREET
SEIBOLD ARCADE
MIAMI FL 33132**

3. Date Incorporated or Qualified
11/30/1987

3a. Date of Last Report
01/25/1995

4. FEI Number
65-0032448

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

2. Principal Place of Business

2a. Mailing Address

21 State, Apt. #, etc.

26 State, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

9. Name and Address of Current Registered Agent

**BERMANN, GUILLERMO
210-174 STREET
APT. 910
NO. MIAMI BEACH FL 33160**

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 607.0602 and 607.1508, Florida Statutes, the above named corporation, submit 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, Sections 607.0605, Florida Statutes.

SIGNATURE

Signature of the person authorized to file this report (see instructions)

Signature of the person authorized to file this report (see instructions)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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1. TITLE NAME STREET ADDRESS CITY-STATE-ZIP PTD HUZENMAN, GREGORIO 210 174TH STREET, #2219 NORTH MIAMI FL	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-STATE-ZIP ☐ Change ☐ Addition
2. TITLE NAME STREET ADDRESS CITY-STATE-ZIP VPS BERMANN, GUILLERMO 210 174TH STREET, #910 NORTH MIAMI FL	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-STATE-ZIP ☐ Change ☐ Addition
3. TITLE NAME STREET ADDRESS CITY-STATE-ZIP	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-STATE-ZIP ☐ Change ☐ Addition
4. TITLE NAME STREET ADDRESS CITY-STATE-ZIP	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-STATE-ZIP ☐ Change ☐ Addition
5. TITLE NAME STREET ADDRESS CITY-STATE-ZIP	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-STATE-ZIP ☐ Change ☐ Addition
6. TITLE NAME STREET ADDRESS CITY-STATE-ZIP	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-STATE-ZIP ☐ Change ☐ Addition

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 or 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 as an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Guillermo Berman
Secretary

3-27-96

CR2E034 (12/95)