N18710

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

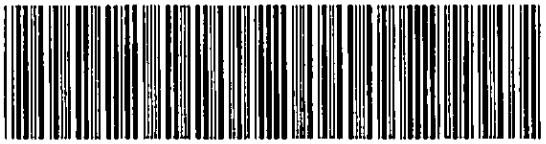
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900300273969

GABRIEL DIAZ-BERGNES, P.A.
ATTORNEY AT LAW
3971 S.W. 8th STREET, SUITE 305
MIAMI, FLORIDA 33134
(305) 441-1644

01/23/87 00072 003
NON PROFIT
REGISTERED AGENT 5.00
CERT/PHOTO COPY 5.00
NON PROFIT 30.00
TOTAL 38.00

January 6, 1987

Secretary of State
Corporate Records Bureau
Division of Corporations
P. O. Box 6327
Tallahassee, Florida 32301

N18710

Re: Independent Association of Milk Distributors, Inc.
a nonprofit corporation
(Our Ref: Madrigal)

Dear Sir:

Enclosed you will find Articles of Incorporation of the above-captioend nonprofit corporation, together with our check in the amount of $38.00, representing filing fee thereof.

Please send us a certified copy as soon as possible.

Very truly yours,

GABRIEL DIAZ-BERGNES

GDB/mde
Enc.

ACP
ACP
ACP
TH
ACP 1/13/87
TH

30
3
5
CERTIFIED COPY 38

N18710

ARTICLES OF INCORPORATION

OF

INDEPENDENT ASSOCIATION OF MILK DISTRIBUTORS, INC.

We, the undersigned residents of the State of Florida, being wl years or more of age, do hereby associate ourselves together for the purpose of forming a nonprofit corporation under the statutes of the State of Florida.

ARTICLE TWO

DURATION

The period of duration of this nonprofit corporation shall be perpetual.

ARTICLE THREE

PURPOSE CLAUSE

The business and purpose of this corporation shall be to unite their members in order to obtain better benefits from the milk producers and to aid their members in their relationship with milk producers.

ARTICLE FOUR

NONSTOCK CORPORATION

The corporation shall be nonstock, and no dividends or pecuniary profits shall be declared or paid to the members thereof.

ARTICLE FIVE

DIRECTORS

The number of directors constituting the initial board of directors of the corporation are five, and the names and addresses of the persons who are to serve as initial directors are as follows:

Bienvenido Sosa
10035 S.W. 8th Terr.
Miami, Florida 33174

Armando Valdes
2620 S.W. 69 Avenue
Miami, Florida 33155

Carlos Vazquez
7477 S..W 82 St., Apt. C-318
Miami, Florida 33143

Manuel Rodriguez
1850 West 56 St. Apt. 2209
Hialeah, Florida 33012

Julio Cuan
2731 S.W. 13 St.
Miami, Florida 33145

ARTICLE SIX

ELECTION OF DIRECTORS

The manner in which the directors are to be elected by the members shall be regulated by the bylaws.

ARTICLE SEVEN

CORPORATE OFFICERS AND THEIR FUNCTIONS

The general officers of the corporation shall be president, vice-president, secretary, and treasurer.

The principal duties of the president shall be to preside at all meetings of the members and teh board of directors and to have general supervision of the affairs of the corporation.

The principal duties of the vice-president shall be to discharge the duties of the president in the event of absence or disability, for any cause whatsoever, of the president.

The principal duties of teh secretary shall be to countersign all deeds, leases, and conveyances executed by the corporation, affix the seal of the corporation thereto and to such other papers as shall be required or directed to be sealed, and to keep a record of the proceedings of the board of directors, and to safely and systematically keep all books, papers, records, and documents belonging to the corporation, or in any way pertaining to the business thereof, except the books and records incidental to the duties of the treasurer.

The principal duties of the treasurer shall be to keep an account of all monies, credits, and property of any and every nature of the corporation which shall come into his hands, and to keep an accurate account of all monies received and disbursed and of proper vouchers for monies disbursed, and to render such accounts, statements, and inventories of monies received and disbursed and of money and property on hand, and generally of all matters pertaining to his office, as shall be required by the board of directors.

The board of directors may provide for the appointment of such additional officers as they may deem for the best interest of the corporation.

Whenever the board of directors may so order, any two offices, the duties of which do not conflict, may be held by one person.

The officers shall perform such additional or different duties as shall from time to time be imposed or requried by the board of

directors, or as may be prescribed from time to time by the bylaws.

ARTICLE EIGHT

ELECTION OF OFFICERS

The officers shall be elected by the directors, who shall first be elected by the members of the corporation.

ARTICLE NINE

MEMBERSHIP REQUIREMENTS

The method and conditions on which members shall be accepted and discharged or expelled shall be regulated by the bylaws.

ARTICLE TEN

AMENDMENTS

These articles may be amended in the manner provided by statute at the time of amendment.

ARTICLE ELEVEN

INCORPORATORS

The names and residences of the persons forming this corporation are as follows:

Bienvenido Sosa
10035 S.W. 8th Terr.
Miami, Florida 33174

Manuel Rodriguez
1850 West 56 St. Apt. 2209
Hialeah, Florida 33012

Armando Valdes
2620 S.W. 69 Ave.
Miami, Florida 31355

Julio Cuan
2731 S.W. 13 St.
Miami, Florida 33145

Carlos Vazquez
7477 S.W. 82 St., Apt. C-318
Miami, Florida 33143

ARTICLE TWELVE

REGISTERED OFFICE

The address of its initial registered office in the State of

Florida is 334 West 16th Avenue, Hialeah, Florida 33302, and the name of the initial registered agent at such address is Armando Madrigal.

ARTICLE THIRTEEN

NEGATION OF PECUNIARY GAIN

This corporation is not organized for a pecuniary profit. It shall not have any power to issue certificates of stock or declare dividends, and no part of its net earnings shall inure to the benefit of any member, director, or individual.

IN WITNESS WHEREOF, the undersigned subscribers have executed these Articles of Incorporation this 18th day of December, 1986.

Bienvenido Sosa

Manuel Rodriguez

Armando Valdes

Julio Cuan

Carlos Vazquez

STATE OF FLORIDA)

COUNTY OF DADE)

BEFORE ME, a Notary Public, authorized to take acknowledgments in the State and County set forth above, personally appeared BIENVENIDO SOSA, MANUEL RODRIGUEZ, ARMANDO VALDES, JULIO CUAN and CARLOS VAZQUEZ, known to me and known by me to be the persons who executed the foregoing Articles of Incorporation, and they acknowledged before me that they executed those Articles of Incorporation.

WITNESS my hand and seal in the County and State aforementioned this 18 day of Dec, 1986.

Notary Public

My Commission Expires:

NOTARY PUBLIC STATE OF FLORIDA
MY COMMISSION EXP JUNE 18,1989
BONDED THRU GENERAL INS. UND.

CERTIFICATE DESIGNATING PLACE OF BUSINESS OR DOMICILE FOR THE SERVICE OF PROCESS WITHIN FLORIDA, NAMING AGENT UPON WHOM PROCESS MAY BE SERVED

IN COMPLIANCE WITH SECTION 48.091, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED:

FIRST. THAT INDEPENDENT ASSOCIATION OF MILK DISTRIBUTORS, INC.
(NAME OF CORPORATION)

DESIRING TO ORGANIZE OR QUALIFY UNDER THE LAWS OF THE STATE OF FLORIDA, WITH ITS PRINCIPAL PLACE OF BUSINESS AT THE CITY OF MIAMI,
(CITY)

STATE OF FLORIDA, HAS NAMED Armando Madrigal,
(STATE) (NAME OF RESIDENT AGENT)

LOCATED AT 4234 West 16th Avenue,
(STREET ADDRESS AND NUMBER OF BUILDING, POST OFFICE BOX ADDRESSES ARE NOT ACCEPTABLE)

CITY OF Hialeah 33302, STATE OF FLORIDA, AS ITS AGENT TO ACCEPT
(CITY)

SERVICE OF PROCESS WITHIN FLORIDA.

SIGNATURE _____
(CORPORATE OFFICER)

Title Director

Date 12/18/86

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION, AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY AGREE TO ACT IN THIS CAPACITY, AND I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES.

SIGNATURE _____

Date 12/18/86

FILE NOW! ANNUAL REPORT DELINQUENT AFTER JULY 1ST.

CORPORATION

ANNUAL REPORT

1988

Filing Fee of $25 Required — Make Checks Payable to Secretary of State

Name and Address of Current Principal Office

N18710

INDEPENDENT ASSOCIATION OF MILK DISTRIBUTORS, IN

% ARMANDO MADRIGAL

4234 WEST 16TH AVE.

HIALEAH, FL 33302

Date Incorporated / Qualified in Florida: 01/13/1987

SOSA, BIENVENIDO	D	10035 S.W. 8TH TERR.	MIAMI, FL
VALDES, ARMANDO	D	2620 S.W. 69 AVE.	MIAMI, FL
VAZQUEZ, CARLOS	D	7477 S.W. 82 ST. #C-318	MIAMI, FL
RODRIGUEZ, MANUEL	D	1850 WEST 56 ST. # 2209	HIALEAH, FL
CUAN, JULIO	D	2731 S.W. 13 ST.	MIAMI, FL

REGISTERED AGENT INFORMATION

Name and Address of Current Registered Agent

MADRIGAL, ARMANDO

4234 WEST 16TH AVE.

HIALEAH, FL 33302

Name and Address of New Registered Agent

City and State

FL.

Pursuant to the provisions of Sections 607.034 and 607.325 Florida Statutes the above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

I hereby accept the appointment as registered agent and am familiar with and accept the obligations of Section 607.325 F.S.

SIGNATURE (Registered Agent Accepting Appointment) DATE

If a foreign corporation, date first transacted business in Florida

See signature requirements under instructions on reverse side of this form.

I Certify 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 F.S.

I Further Certify That I Understand My Signature On This Report Shall Make the Date Legal Effective As of Any Date Shown.

(Officer or Director signing must be listed in Block 6)

Signature

Date JUN 14 1988

Typed Name of Signing Officer or Director: Julio Cuan Title: Director Telephone Number: 305-822-4475

12. Should you desire a certificate of status check the box

CERTIFICATE OF STATUS DESIRED

$5 Additional Fee Required for a Certificate of Status

SC0034 (1/88)

4351

FILE NOW! ANNUAL REPORT DELINQUENT AFTER JULY 1ST

CORPORATION

ANNUAL REPORT

1989

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

18

Filing Fee of $25 Required — Make Checks Payable To Secretary of State

1. Name and Address of Incorporated Business Office

ZIP + 4

N18710 6
INDEPENDENT ASSOCIATION OF MILK DISTRIBUTURS, IN
% ARMANDO MADRIGAL
4234 WEST 16TH AVE.
HIALEAH, FL 33302

2. State registered in Do Business: 01/13/1987

3. Federal Employer Identification No. (If any): 59 2782926

4. Date of Incorporation: 06/29/1988

5. Names and Street Addresses of Executive Officer and Directors as of December 31st of Year

Title			
D	SOSA, BIENVENIDO	10035 S.W. 8TH TERR.	MIAMI, FL
D	VALDES, ARMANDO	2620 S.W. 69 AVE.	MIAMI, FL
D	VAZQUEZ, CARLOS	7477 S.W. 82 ST. #C-318	MIAMI, FL
D	OSCAR FLORET DOMAIN	26 SANTILLANE DR. #1	COINI JUNTO FL
D	~~RODRIGUEZ, MANUEL~~	~~1050 WEST 56 ST. # 3069~~	~~HIALEAH, FL~~
D	CUAN, JULIO	2731 S.W. 13 ST.	MIAMI, FL

6. REGISTERED AGENT INFORMATION

7. Name and Address of Current Registered Agent

MADRIGAL, ARMANDO
4234 WEST 16TH AVE.
HIALEAH, FL 33302

8. Name and Address of New Registered Agent

Name 81

Street Address 81 Do NOT Use P.O. Box Number 82

Street Address 2 Do NOT Use P.O. Box Number 83

City and State 84 FL

9. Pursuant to the provisions of Sections 607.034 and 607.037, Florida Statutes, the above named corporation, incorporated under the laws of the State of Florida, 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 resolution duly adopted by its board of directors or
I hereby accept the appointment of registered agent. I am familiar with and accept the obligations of Section 607.325 F.S.

SIGNATURE _____ DATE _____
(Registered Agent Accepting Appointment)

10. If a foreign corporation, date first transacted business in Florida

11. See signature restrictions under instructions on reverse, then sign this form.

I Certify That I Am An Officer or Director of the Corporation, the Receiver or Trustee Empowered to Execute This Report as Required by Chapter 607, F.S.
I Further Certify That I Understand My Signature On This Report Shall Have the Same Legal Effects As If Made Under Oath
Officer or Director signing must be listed in Block 5.

Signature _____ Date 6 - 21 - 89

Name of Signing Officer or Director J F CUAN Title TREASURER Telephone Number

To obtain a certificate of status check the box. CERTIFICATE OF STATUS DESIRED ☐ $5 Additional Fee required for a Certificate of Status

FILE NOW! THIS ANNUAL REPORT WILL BE DELINQUENT AFTER JULY 1ST

CORPORATION

ANNUAL REPORT

1990

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

Read Notice and Instructions on Other Side Before Making Entries
Filing Fee of $35 Required — Make Checks Payable To: Secretary of State

1. Name and Address of Corporation Principal Office

N18710 6

ZIP + 4 PRESORT
INDEPENDENT ASSOCIATION OF MILK DISTRIBUTORS, IN
% ARMANDO MADRIGAL
4234 WEST 16TH AVE.
HIALEAH, FL 33002

If above address is incorrect in any way, enter the correct address in item 2. Include Zip Code.

2. If Address in Item 1 is incorrect in any way, enter the correct address below. PO Box number alone is NOT sufficient.

Street Address 21

PO Box No. 22

City and State 23

Zip Code 24

3. Date Incorporated or Qualified To Do Business in Florida: 01/13/1987

4. FEI Number: 59-2782926

FEI Number Applied For
FEI Number Not Applicable

6. Names and Street Addresses of Each Officer and Director (Do not use any correction tape or fluid to cover over incorrect information.)

	Title 1	Names of Officers and Directors 2	Street Address of Each Officer and Director (Do NOT Use Post Office Box Numbers) 3	City and State 4
1	D	SOSA, BIENVENIDO	10035 S.W. 8TH TERR.	MIAMI, FL
2	D	VALDES, ARMANDO	2620 S.W. 69 AVE.	MIAMI, FL
3	D	VAZQUEZ, CARLOS	7477 S.W. 82 ST. #C-318	MIAMI, FL
4	D	DEMOLA, OSCAR F. LORET	26 SANTILLANE AVE #1	CORAL GABLE, FL
5	D	CUAN, JULIO	2731 S.W. 13 ST.	MIAMI, FL
6				

REGISTERED AGENT INFORMATION

7. Name and Address of Current Registered Agent

MADRIGAL, ARMANDO
4234 WEST 16TH AVE.
HIALEAH, FL 33302

8. Name and Address of New Registered Agent

Name 81

Street Address 1 - Do NOT Use P.O. Box Number 82

Street Address 2 - Do NOT Use P.O. Box Number 83

City and State 84 FL. Zip Code 85

9. Pursuant to the provisions of Sections 607.034 and 607.037, Florida Statutes, the above named corporation, incorporated under the laws of the State of Florida, 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 resolution duly adopted by its board of directors on ______

I hereby accept the appointment of registered agent. I am familiar with and accept the obligations of Section 607.325 FS.

SIGNATURE ______ (Registered Agent Accepting Appointment) DATE ______

10. I 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 effects as if made under oath. I further certify 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 FS.

Signature [signature] Date 9/12/90

Typed Name of Signing Officer or Director: BIENVENIDO SOSA
Title: PRE.
Telephone Number: (305) 822-7475

11. Should you desire a certificate of status check the box.

FILE NOW! CORPORATE STATUS WILL BE DELINQUENT AFTER JULY 1ST.

APPROVED AND FILED

CORPORATION ANNUAL REPORT 1991

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

Read Instructions on Other Side Before Making Entries

FILING FEE OF $61.25 REQUIRED

1. Name and Mailing Address of Corporation DOCUMENT #N18710 (6)

ZIP + 4 PRESORT
INDEPENDENT ASSOCIATION OF MILK DISTRIBUTORS, INC.
% ARMANDO MADRIGAL
509 NORTH TAMIAMI TRAIL
VENICE, FL 34292-1045

If above address is incorrect in any way, enter the correct address in item 2. Include Zip Code

2. Street Address
P.O. Box: 558085
City and State: MIAMI FLORIDA
Zip Code: 33255

3. Date Incorporated or Qualified To Do Business in Florida: 01/13/1987

4. FEI Number: 59-2782926

5. $8.75 Additional Fee required for a Certificate of Status — CERTIFICATE OF STATUS DESIRED

6. Names and Street Addresses of Each Officer and Director

Title	Names of Officers and Directors	Street Address of Each Officer and Director	City and State
D	SOSA, BIENVENIDO	10035 S.W. 8TH TERR.	MIAMI, FL
D	VALDES, ARMANDO	2620 S.W. 69 AVE.	MIAMI, FL
D	VAZQUEZ, CARLOS	7477 S.W. 82 ST. #C-318	MIAMI, FL
D	DEMOLA, OSCAR F. LORET	26 SANTILLANE AVE #1	CORAL GABLE, FL
D	CUAN, JULIO	2731 S.W. 13 ST.	MIAMI, FL

25 5/8/91

REGISTERED AGENT INFORMATION

7. Name and Address of Current Registered Agent

MADRIGAL, ARMANDO
~~4234 WEST 10TH AVE.~~ 4160 West 16 ave #210
HIALEAH, FL ~~33302~~ 33012-

FL.

9. Pursuant to the provisions of ... office or registered agent, or both, in the State of Florida ...
I hereby accept the appointment as registered agent ...

SIGNATURE ______ (Registered Agent Accepting Appointment)

10. I certify that the information indicated on this annual report ... made under oath ... Florida Statutes, and that my name appears in Block 6 ...

SIGNATURE [signature]

Typed Name of Signing Officer or Director: Julio F. Cuan — Title: Treasury — Telephone: (305) 541-0981

FILING FEE OF $61.25 REQUIRED—Make Checks Payable To: Secretary of State $8.75 Additional Fee required for a Certificate of Status

FILE NOW! CORPORATE STATUS WILL BE DELINQUENT AFTER JULY 1ST.

CORPORATION ANNUAL REPORT 1992

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

Read Instructions on Other Side Before Making Entries
FILING FEE $61.25 Make Payable To: Secretary of State

1. Name and Mailing Address of Corporation DOCUMENT #N18710 (6)

INDEPENDENT ASSOCIATION OF MILK DISTRIBUTORS, INC.
% ARMANDO MADRIGAL
P.O. BOX 558085
MIAMI FL 33255-8085

If above address is incorrect in any way, line through the incorrect information and enter correct address in Block 2.

21 Mailing Address
22 P.O. Box No. 558085
23 City and State MIAMI FL
24 Zip 33155

3. Date Incorporated or Qualified To Do Business in Florida 01/13/1987

3a. Date of Last Report 05/08/1991

4. FEI Number 59-2782926

FEI Number Applied For
FEI Number Not Applicable

5. $8.75 Additional Fee required for a Certificate of Status
CERTIFICATE OF STATUS DESIRED

6. Names and Street Addresses of Each Officer and Director (Do not use any correction tape or fluid to cover incorrect information.)

	Title	Names of Officers and Directors	Street Address of Each Officer and Director (Do NOT Use Post Office Box Numbers)	City and State
1	D	SOSA, BIENVENIDO	10035 S.W. 8TH TERR.	MIAMI, FL
2	D	VALDES, ARMANDO	2620 S.W. 69 AVE.	MIAMI, FL
3	D	VAZQUEZ, CARLOS	7477 S.W. 82 ST. #C-318	MIAMI, FL
4	D	DEMOLA, OSCAR F. LORET	26 SANTILLANE AVE #1	CORAL GABLE, FL
5	D	CUAN, JULIO	2731 S.W. 13 ST.	MIAMI, FL
6				

REGISTERED AGENT INFORMATION

7. Name and Address of Current Registered Agent

MADRIGAL, ARMANDO
4160 WEST 16 AVE
#210
HIALEAH, FL 33012

8. [illegible]
81 Name
82 [illegible]
83 [illegible]
84 City FL.
85 Zip

9. Pursuant to the provisions of Sections 607.0502 and 607.1508 ... [illegible]

SIGNATURE ______ DATE
(Registered Agent Accepting Appointment)

10. This corporation has [illegible] X [illegible]

11. I certify that the information indicated on this annual report ... [illegible] Chapter 617, Florida Statutes ... [illegible]

SIGNATURE [signature] DATE 6-18-92

Typed Name of Signing Officer or Director: Armando Valdes
Title: secretary
Daytime Phone Number: ( ) 6661098

12. Should you wish to contribute to the Election Campaign Financing Trust Fund, check the box and include an additional $5.00 in the filing fee.

File Now. Filing Fee after May 1 is $225.00

1993

FILED
93 MAY 24 AM 9:25

DOCUMENT # N18710 (6)

PROFIT: INDEPENDENT ASSOCIATION OF MILK DISTRIBUTORS, IN C.
% ARMANDO MADRIGAL
PO BOX 558085
MIAMI FL 33255-8085

3. 01/13/1987 3a. 06/24/1992

4. 592782926

FILING FEE $200.00 — ANNUAL REPORT $61.25 + $138.75 CORPORATION SUPPLEMENTAL FEE MAKE CHECK PAYABLE TO DEPARTMENT OF STATE

5. $138.75 Fee Received
$5.00 Mail Back Address Fee
$138.75 Total Fees Received

6.

7. V

8.

2. 21 Armando Valdez 26
22 2620 S.W. 29 Ave. 27
23 Miami, Fla 28
24 33155 25 U.S.A. 29 30

9. Name and Address of Current Registered Agent

MADRIGAL, ARMANDO
4160 WEST 16 AVE
#210
HIALEAH FL 33012

10. Name and Address of New Registered Agent

81
82
83
84 85 FL 86

11.

12.

D
SOSA, BIENVENIDO
10035 S.W. 8TH TERR.
MIAMI FL

D
VALDES, ARMANDO
2620 S.W. 69 AVE.
MIAMI FL

D
VAZQUEZ, CARLOS
7477 S.W. 92 ST. #C-318
MIAMI FL

D
DEMOLA, OSCAR F. LORET
26 SANTILLANE AVE #1
CORAL GABLE FL

D
CUAN, JULIO
2731 S.W. 13 ST.
MIAMI FL

13.

14.

SIGNATURE [signature] 5/18/93

ARMANDO VALDES | SECRETARY | (305) 666 1098

FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

APPROVED AND FILED

94 MAY -1 PM 1:57

SECRETARY OF STATE TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1994

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State,
DIVISION OF CORPORATIONS

1. Corporation Name: INDEPENDENT ASSOCIATION OF MILK DISTRIBUTORS, IN C.

DOCUMENT # N18710 (6)

Mailing Address	Principal Place of Business
C/O ARMANDO VALDEZ 2620 S.W. 29 AVE. MIAMI FL 33155 US	C/O ARMANDO MADRIGAL 2620 S.W. 29TH AVE. MIAMI FL 33155 US

DO NOT WRITE IN THIS SPACE

If above addresses are incorrect in any way, use the following for correct information and enter correction below.

2. Mailing Address	2a. Principal Place of Business
21 2620 S.W. 69 Avenue	26 2620 S.W. 69 Avenue
Suite, Apt. #, etc 22	Suite, Apt. #, etc 27
City & State 23 Miami, Florida	City & State 28 Miami, Florida
Zip 24 33155 Country 25 Dade	Zip 29 33155 Country 30 Dade

3. Date Incorporated or Qualified: 01/13/1987 3a. Date of Last Report: 05/24/1993

4. FEI Number: 59-2782926 ☐ 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

7. Non-profit Exempt from $150.00 Supplemental Fee ☑

8. This corporation has applied for or intends to make ... Florida Statutes ☐ Yes ☑ No

9. Name and Address of Current Registered Agent

MADRIGAL, ARMANDO
4160 WEST 16 AVE
#210
HIALEAH FL 33012

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 or Sections 617.0502 and 617.1508, 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 or 617.0505, Florida Statutes.

SIGNATURE ______ DATE ______

12.	OFFICERS AND DIRECTORS	13.	CHANGES TO OFFICERS AND DIRECTORS IN 12
11 TITLE	D	11 TITLE	900001216899
12 NAME	SOSA, BIENVENIDO	12 NAME	-06/30/94--01070--003
13 STREET ADDRESS	10035 S.W. 8TH TERR.	13 STREET ADDRESS	****200.00 ****200.00
14 CITY-ST-ZIP	MIAMI FL	14 CITY-ST-ZIP	
21 TITLE	D	21 TITLE	
22 NAME	VALDES, ARMANDO	22 NAME	
23 STREET ADDRESS	2620 S.W. 69 AVE.	23 STREET ADDRESS	
24 CITY-ST-ZIP	MIAMI FL	24 CITY-ST-ZIP	
31 TITLE	D	31 TITLE	
32 NAME	VAZQUEZ, CARLOS	32 NAME	
33 STREET ADDRESS	7477 S.W. 82 ST. #C-318	33 STREET ADDRESS	
34 CITY-ST-ZIP	MIAMI FL	34 CITY-ST-ZIP	
41 TITLE	D	41 TITLE	
42 NAME	DEMULA, OSCAR F. LORET	42 NAME	
43 STREET ADDRESS	26 SANTILLANE AVE #1	43 STREET ADDRESS	
44 CITY-ST-ZIP	CORAL GABLE FL	44 CITY-ST-ZIP	
51 TITLE	D	51 TITLE	
52 NAME	CUAN, JULIO	52 NAME	
53 STREET ADDRESS	2731 S.W. 13 ST.	53 STREET ADDRESS	
54 CITY-ST-ZIP	MIAMI FL	54 CITY-ST-ZIP	
61 TITLE		61 TITLE	REMITTED BY MAY 1
62 NAME		62 NAME	
63 STREET ADDRESS		63 STREET ADDRESS	
64 CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I 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 release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(i) in the event that the information supplied is deemed exempt from public access. I further certify all 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 have fulfilled all obligations concerning unclaimed property, imposed by Chapter 717, Florida Statutes; 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 or Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[signature]* S/D 04/27/94 305-666-1098

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE

APPROVED AND FILED

DOCUMENT # N18710 (F)

1. Corporation Name

INDEPENDENT ASSOCIATION OF MILK DISTRIBUTORS, IN C.

Principal Place of Business	Mailing Address
2620 SW 69 AVENUE MIAMI FL 33155 US	2620 SW 69 AVENUE MIAMI FL 33155 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/13/1987
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-2782926 — Applied For / Not Applicable

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

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)3 Tax Exempt Status ☒ — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

MADRIGAL, ARMANDO
4160 WEST 16 AVE
#210
HIALEAH FL 33012

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

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	SOSA, BIENVENIDO
STREET ADDRESS	10035 S.W. 8TH TERR.
CITY-ST-ZIP	MIAMI FL
TITLE	D
NAME	VALDES, ARMANDO
STREET ADDRESS	2620 S.W. 69 AVE.
CITY-ST-ZIP	MIAMI FL
TITLE	D
NAME	VAZQUEZ, CARLOS
STREET ADDRESS	7477 S.W. 82 ST. #C-318
CITY-ST-ZIP	MIAMI FL
TITLE	D
NAME	DEMOLA, OSCAR F. LORET
STREET ADDRESS	26 SANTILLANE AVE #1
CITY-ST-ZIP	CORAL GABLE FL
TITLE	D
NAME	CUAN, JULIO
STREET ADDRESS	2731 S.W. 13 ST.
CITY-ST-ZIP	MIAMI FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS (☐ Change ☐ Addition — blank)

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] 3/20/95

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone

0043085