

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

APPROVED
AND
FILED

1997 OCT 20 PM 2: 25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS ✓
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DOCUMENT # **N96000006143 (9)**

1. Corporation Name

AMERICAN INSTITUTE OF FOOD HYGENE, INC.

AMERICAN INSTITUTE OF FOOD HYGIENE, INC.

Principal Place of Business 482 E. 56TH ST. HIALEAH FL 33013	Mailing Address 482 E. 56TH ST. HIALEAH FL 33013
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 14226 SW 53rd Street		2a. Mailing Address 26 14226 SW 53rd Street		3. Date Incorporated or Qualified 12/04/1996		3a. Date of Last Report	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number 65-0780006		<input checked="" type="checkbox"/> Applied For Not Applicable	
22 City & State 23 Miami, Florida.		27 City & State 28 Miami, Florida.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
24 Zip 33175 25 Country US		29 Zip 33175 30 Country US		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							

9. Name and Address of Current Registered Agent SENATTORE, SONIA 482 E. 56TH ST. HIALEAH FL 33013				10. Name and Address of New Registered Agent			
				81 Name Jose Adan Ruiz			
				82 Street Address (P.O. Box Number is Not Acceptable) 14226 SW 53rd Street			
				83			
				84 City Miami FL 85 Zip Code 33175			

11. Pursuant to the provisions of 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 617.0503, Florida Statutes.

SIGNATURE _____ DATE **9/12/97**
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			
<input type="checkbox"/> DELETE				<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE				1.1 TITLE Director			
NAME				1.2 NAME Jose Adan Ruiz (D)			
STREET ADDRESS				1.3 STREET ADDRESS 14226 SW 53rd Street			
CITY-ST-ZIP				1.4 CITY-ST-ZIP Miami, Florida, 33175			
<input type="checkbox"/> DELETE				<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE				2.1 TITLE Director			
NAME				2.2 NAME Eduardo B. Carbonell (D)			
STREET ADDRESS				2.3 STREET ADDRESS 641 East 6th Street			
CITY-ST-ZIP				2.4 CITY-ST-ZIP Hialeah, Fl. 33010			
<input type="checkbox"/> DELETE				<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE				3.1 TITLE Director			
NAME				3.2 NAME Bertel DaSilva (D)			
STREET ADDRESS				3.3 STREET ADDRESS 482 E. 56th Street			
CITY-ST-ZIP				3.4 CITY-ST-ZIP Hialeah, Fl. 33013			
<input type="checkbox"/> DELETE				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE				4.1 TITLE			
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
<input type="checkbox"/> DELETE				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE				5.1 TITLE			
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
<input type="checkbox"/> DELETE				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE				6.1 TITLE			
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 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 _____ DATE **9/12/97 (305) 553-5936**

CR2E037 (4/97)