

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 # N9600006143 (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
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State Miami, Florida.	28 City & State Miami, Florida.
24 Zip 33175	25 Country US
29 Zip 33175	30 Country US

3. Date Incorporated or Qualified 12/04/1996	3a. Date of Last Report
4. FEI Number 65-0780006	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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
85 Zip Code FL 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

TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

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 *****61.25 *****61.25

10/20/97

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)