

FILE NOW: FILING FEE IS \$61.25

FILED

**Apr 28 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		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.



Principal Place of Business 14226 SW 53RD STREET MIAMI FL 33175	Mailing Address 14226 SW 53RD STREET MIAMI FL 33175
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3. Date Incorporated or Qualified 12/04/1996
4. FEI Number 65-0780006
Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Not Applicable

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Zip 28 Country
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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
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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 RUJZ, JOSE A 14226 SW 53RD STREET MIAMI FL 33175	
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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 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 _____
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	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUJZ, JOSE A	1.2 NAME	
STREET ADDRESS	14226 SW 53RD STREET	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33175	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	D - S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARBONELL, EDUARDO E	2.2 NAME	Eduardo E. Carbonell
STREET ADDRESS	841 E. 6TH STREET	2.3 STREET ADDRESS	641 E. 6th Street
CITY-ST-ZIP	HIALEAH FL 33010	2.4 CITY-ST-ZIP	Hialeah, Florida 33010
TITLE	DE <input type="checkbox"/> DELETE	3.1 TITLE	D - VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DASILVA, BERTEL	3.2 NAME	RAY PEON
STREET ADDRESS	482 E 56TH STREET	3.3 STREET ADDRESS	641 E. 6th Street
CITY-ST-ZIP	HIALEAH FL 33015	3.4 CITY-ST-ZIP	Hialeah, Florida 33010
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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: *Eduardo Carbonell* April 7, 1998 ³⁰⁵ 884-8337

CR2E037 (10/97)