

P09000010695

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

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☐

MAIL

(Business Entity Name)

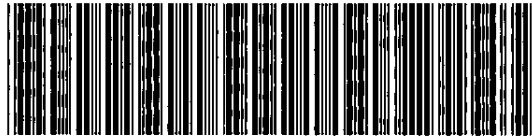
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09 MAY 11 AM 8:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Amend
C.COULLETTE

MAY 19 2009

EXAMINER

COVER LETTER

TQ: Amendment Section
Division of Corporations

NAME OF CORPORATION: INTERCONTINENTAL FOODS INC

DOCUMENT NUMBER: P09000010695

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

ALBERTO TRILO

Name of Contact Person

TRILO + COMPANY

Firm/ Company

4338 SW 8 ST

Address

MIAMI, FL 33134

City/ State and Zip Code

ATRILO @ BELL SOUTH. NET

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ALBERTO TRILO

Name of Contact Person

at (305) 444-1953

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

☒ \$35 Filing Fee

☐ \$43.75 Filing Fee &
Certificate of Status

☐ \$43.75 Filing Fee &
Certified Copy
(Additional copy is enclosed)

☐ \$52.50 Filing Fee
Certificate of Status
Certified Copy
(Additional Copy is enclosed)

Mailing Address

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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TALLAHASSEE, FLORIDA

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:
 (Attach additional sheets, if necessary)

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>D</u>	<u>ALESSANDRO D'AURIA</u>	<u>1335 NW 98TH CT</u> <u>UNIT 12</u> <u>DORAL, FL 33172</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
<u>D</u>	<u>GHANI MALHADO</u>	<u>1335 NW 98TH CT</u> <u>UNIT 12</u> <u>DORAL, FL 33172</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
<u>S</u>	<u>ALEJANDRO HERRERA</u>	<u>1335 NW 98TH CT</u> <u>UNIT 12</u> <u>DORAL, FL 33172</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove

E. If amending or adding additional Articles, enter change(s) here:
 (attach additional sheets, if necessary). (Be specific)

(This section is crossed out with a diagonal line.)

F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:
 (if not applicable, indicate N/A)

(This section is crossed out with a diagonal line.)

The date of each amendment(s) adoption: MAY 7, 2009

Effective date if applicable: MAY 7, 2009
(no more than 90 days after amendment file date)

Adoption of Amendment(s) (CHECK ONE)

☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.

☐ The amendment(s) was/were approved by the shareholders through voting groups. *The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):*

"The number of votes cast for the amendment(s) was/were sufficient for approval

by _____."
(voting group)

☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.

☒ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.

Dated MAY 7, 2009

Signature _____

(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

ANTONIO YUNEZ.

(Typed or printed name of person signing)

SECRETARY

(Title of person signing)