

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P18856** (5)

1. Corporation Name

AMARO FOOD ENTERPRISES, INC.



Principal Place of Business

Mailing Address

**C/O EDWARD REY
2180 N.W. 19TH AVENUE
MIAMI FL 33142**

**C/O EDWARD REY
2180 N.W. 19TH AVENUE
MIAMI FL 33142**

3. Date Incorporated or Qualified
04/15/1988

3a. Date of Last Report
01/31/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

29

30

4. FEI Number
22-2624466

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**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**REY, EDWARD
2180 N.W. 19TH AVENUE
MIAMI FL 33142**

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

Signature type (typed or printed name of registered agent and if not applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	DELETE
	PD	6126-28 PALISADES AVE	W NEW YORK NJ	<input type="checkbox"/>
	VD	6126-28 PALISADES AVE	W NEW YORK NJ	<input type="checkbox"/>
	TD	6126-28 PALISADES AVE	W NEW YORK NJ	<input type="checkbox"/>
	REY, JOSE A.	6126-28 PALISADES AVE	W NEW YORK NJ	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	12 NAME	13 STREET ADDRESS	14 CITY-STATE-ZIP	15 1 TITLE	16 2 NAME	17 3 STREET ADDRESS	18 4 CITY-STATE-ZIP	19 3 1 TITLE	20 32 NAME	21 33 STREET ADDRESS	22 34 CITY-STATE-ZIP	23 4 1 TITLE	24 42 NAME	25 43 STREET ADDRESS	26 44 CITY-STATE-ZIP	27 5 1 TITLE	28 52 NAME	29 53 STREET ADDRESS	30 54 CITY-STATE-ZIP	31 6 1 TITLE	32 62 NAME	33 63 STREET ADDRESS	34 64 CITY-STATE-ZIP

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)(k), 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 (changed) or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)