

5-15-97 B 7323 C
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May 15 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P33498

(7)

1. Corporation Name

PHILIP MORRIS LATIN AMERICA FOODS SALES CORPORAT
ION

Principal Place of Business
800 WESTCHESTER AVENUE
RYE BROOK NY 10573

Mailing Address
800 WESTCHESTER AVENUE
RYE BROOK NY 10573-1322



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21		26		04/09/1991	05/01/1996
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		4. FEI Number	Applied For
23 City & State		28 City & State		13-3608693	Not Applicable
24 Zip		29 Country		5. Certificate of Status Desired	\$8.75 Additional Fee Required
25		30		<input type="checkbox"/>	\$5.00 May Be Added to Fees
26		31		6. Election Campaign Financing	
27		32		Trust Fund Contribution	<input type="checkbox"/>
28		33		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No
29		34			

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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 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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	ASD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ADAMS, MICHAEL B	1.2 NAME	
STREET ADDRESS	800 WESTCHESTER AVE.	1.3 STREET ADDRESS	
CITY - ST - ZIP	RYE BROOK NY	1.4 CITY - ST - ZIP	
TITLE	P	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SCHREER, PETER	2.2 NAME	
STREET ADDRESS	800 WESTCHESTER AVE.	2.3 STREET ADDRESS	
CITY - ST - ZIP	RYE BROOK NY	2.4 CITY - ST - ZIP	
TITLE	VD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POLLAK, LEE	3.2 NAME	
STREET ADDRESS	800 WESTCHESTER AVE.	3.3 STREET ADDRESS	
CITY - ST - ZIP	RYE BROOK NY	3.4 CITY - ST - ZIP	
TITLE	VSD	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, OWEN C.	4.2 NAME	
STREET ADDRESS	800 WESTCHESTER AVE.	4.3 STREET ADDRESS	
CITY - ST - ZIP	RYE BROOK NY	4.4 CITY - ST - ZIP	
TITLE	T	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FITZSIMMONS, SHARON	5.2 NAME	
STREET ADDRESS	800 WESTCHESTER AVE.	5.3 STREET ADDRESS	
CITY - ST - ZIP	RYE BROOK NY	5.4 CITY - ST - ZIP	
TITLE	AT	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCALLY, MICHAEL P.	6.2 NAME	
STREET ADDRESS	800 WESTCHESTER AVE.	6.3 STREET ADDRESS	
CITY - ST - ZIP	RYE BROOK NY	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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on a attachment with an address.

SIGNATURE:

SHARON FITZSIMMONS

4/29/97 (914) 335-9290

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

0008448

CR2E034 (9/96)

Company : Philip Morris Latin America Foods Sales Corporation
Status : Active

Name	Title
Adams, Michael B	Assistant Secretary
FitzSimons, Sharon A	Treasurer
Moreno, Jaime	Vice President
Munro, Juan P	President
Pollak, Lee	Vice President
Scally, Michael P	Assistant Treasurer
Smith, Owen C	Vice President & Secretary
Trachtman, Audrey A	Vice President

Directors:

Adams, Michael B
Pollak, Lee
Smith, Owen C