FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 11 PM 9:36

DOCUMENT # P92000010510 (5)

1. Corporation Name
POULTRY & EXPORTS, INC.

Principal Place of Business	Mailing Address
~~7370 NW 35TH STREET~~ 371 W. ParK Dr. ~~MIAMI FL 33122~~ #13. ~~US~~ Miami, Fl 33172	~~7501 E TREASURE DR 4D SOUTH~~ 371 W. ParK Dr. ~~N BAY VILLAGE FL 33141~~ #13. Miami, FL 33172. ~~US~~

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 12/07/1992
3a. Date of Last Report: 03/29/1994

2. Principal Place of Business	2a. Mailing Address
21 371 West ParK Drive	26 371 West ParK Drive
Suite, Apt. #, etc. 22 #13.	Suite, Apt. #, etc. 27 #13.
City & State 23 Miami	City & State 28 Miami
Zip 24 Fl Country 25 33172.	Zip 29 Fl Country 30 33172.

4. FEI Number: 65-0374052 ☐ 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
HOYOS, MARIA A ~~7501 E TREASURE DRIVE~~ 371 West ParK Drive ~~SPT 3-F SOUTH~~ #13. ~~N BAY VILLAGE FL 33141~~ Miami, Fl 33172.	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 _____ 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	PSD	11 TITLE	☒ Change ☐ Addition
NAME	HOYOS, MARIA A	12 NAME	
STREET ADDRESS	~~7501 E TREASURE DR 4D SOUTH~~	13 STREET ADDRESS	371 West ParK Drive #13.
CITY-ST-ZIP	~~NORTH BAY VILLAGE FL~~	14 CITY-ST-ZIP	Miami, Fl 33172.
TITLE		21 TITLE	☐ Change ☐ Addition
NAME		22 NAME	
STREET ADDRESS		23 STREET ADDRESS	
CITY-ST-ZIP		24 CITY-ST-ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-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)(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 an attachment with an address.

SIGNATURE: [signature] President 4-7-95 (305) 229-5779
SIGNATURE AND TYPED OR PRINTED NAME OF DIRNG OFFICER OR DIRECTOR — Date — Daytime Phone #

01B06B5 CP