SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # **P93000004105 (1)**

1. Corporation Name
A. G. PRIME MEATS, INC.

Principal Place of Business	Mailing Address
9453 SW 56 ST MIAMI FL 33155 US	9453 SW 56 ST MIAMI FL 33155 US

3. Date Incorporated or Qualified: 01/07/1993
3a. Date of Last Report: 03/22/1995

2. Principal Place of Business — 21: 3950 S.W. 99th Ave
2a. Mailing Address — 26: 3950 S.W. 99th Ave

Suite, Apt. #, etc — 22:
Suite, Apt. #, etc — 27:

City & State — 23: MIAMI FL
City & State — 28: MIAMI, FL

Zip — 24: 33165 — Country — 25: DADE
Zip — 29: 33165 — County — 30: DADE

4. FEI Number: 65-0401395 — 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

GONZALEZ, ANGEL
3749 SOUTHWEEST 99 AVENUE
SUITE 5
MIAMI FL 33165

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 _____ DATE _____
Signature, type or print 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	PD	☐ DELETE	11 TITLE		☐ Change ☐ Addition
NAME	GONZALEZ, ANGEL		12 NAME		
STREET ADDRESS	3749 SOUTHWEST 99 AVENUE, SUITE 5		13 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		14 CITY-ST-ZIP		
TITLE	V	☐ DELETE	21 TITLE		☐ Change ☐ Addition
NAME	GONZALEZ, CARIDAD		22 NAME		
STREET ADDRESS	3749 SOUTHWEST 99 AVNEUE, SUITE 5		23 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		24 CITY-ST-ZIP		
TITLE	ST	☐ DELETE	31 TITLE		☐ Change ☐ Addition
NAME	GONZALEZ, ROSA M		32 NAME		
STREET ADDRESS	3749 SOUTHWEST 99 AVENUE, SUITE 5		33 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		34 CITY-ST-ZIP		
TITLE		☐ DELETE	41 TITLE		☐ Change ☐ Addition
NAME			42 NAME		
STREET ADDRESS			43 STREET ADDRESS		
CITY-ST-ZIP			44 CITY-ST-ZIP		
TITLE		☐ DELETE	51 TITLE		☐ Change ☐ Addition
NAME			52 NAME		
STREET ADDRESS			53 STREET ADDRESS		
CITY-ST-ZIP			54 CITY-ST-ZIP		
TITLE		☐ DELETE	61 TITLE		☐ Change ☐ Addition
NAME			62 NAME		
STREET ADDRESS			63 STREET ADDRESS		
CITY-ST-ZIP			64 CITY-ST-ZIP		

CR2E034 (3/96)

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: X Enrique Gonzalez — 6-30-96 — 305-553-5359
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
ANGEL GONZALEZ