FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998

NAME

STREET ADDRESS

14. I hereby certify that the information supindicated on this aurural report or supofficer or director of the corporation or

Block 12 or Block 13



ELORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000027450 (4)

MIAMI FOODS REALTY, INC.

Principal Place of Business Mailing Address **2699 LEE RD** 2699 LEE RD Suite 200 Suite 200 DO NOT WRITE IN THIS SPACE WINTER PARK FL 32789-4879 WINTER PARK FL 32789-4879 3. Date Incorporated or Qualified 04/14/1**99**3 2. Principal Place of Business 4. FEI Number 2a. Mailing Address Applied For 59-3177814 Not Applicable 26 Suite, Apt. #, etc. Suite, Apl. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 22 City & State City & State 6. Election Campaign Financing **\$5.00** May Be Trust Fund Contribution 23 28 Added to Fees Zip Ćountry Country This corporation owes or has paid the current year Intangible Yes 24 25 Personal Property Tax due June 30. 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name HART, BRIAN A ONE SE THIRD AVE Street Address (P.O. Box Number is Not Acceptable) 82 17TH FLOOR 83 **MIAMI FL 33131** 84 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. Lam familiar with, and accept the obligations of, Section 607 0505, Florida Statutes. SIGNATURE ĎÁTi Signature, type for printest name of regulation placet and typed applicable (NOTE Registered Agent signature required when reinstating) (10/97 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. DELETE Change Addition TITLE 11 TRUE STINE, ROBERT H NAME 1.2 NAME 2699 LEE RD, STE 200 STREET ADDRESS 13 STREET ADDRESS WINTER PK FL CITY-ST-ZIP 1.4 CiTY - ST - 7iP DELETE Change TITLE 2170LE Addition NAME 2 2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY - ST - 7IP DECETE Change Addition TITLE 3.1 1111.6 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4 CITY-\$1-7IP DETETE Addition 4.1 HILE TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - \$1 - ZIP DELETE Change Addition TITLE 5.1101E NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY - \$1 - 7IP CITY-ST-ZIP DELETE Change 6.1 TITLE Addition TITLE

> 6.2 NAME 6.3 STREET ADDRESS

plied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information lymental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in

1181-501/cay/ selulu

FILED

Apr 21 1998 8:00am

Secretary of State