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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

FILED Feb 25 1998 8:00am Secretary of State

1. Corporati	IMENT # P930 A FOODS ENTERPRISES, I		44864 (5	5)				
Principal Place of Business Mailing Address						- 4 FORMORIANA IRAGO INAM ORMAN BRIAN	PAR OBAR BION BUBB	I JEHRA BIRKI ELEK KAEL
2600 S.W. 3RD AVENUE SUITE 850 MIAMI FL 33129			2600 S.W. 3RD AVENUE SUITE 850 MIAMI FL 33129		DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 06/24/1002			
2. Principal f	Place of Business	20	. Mailing Address			06/24/1993 4. FEI Number	1	TA4:-4 F
21	. 1002 0. 0001.1000	26	. Maining Address			65-0462452	-	Applied For Not Applicable
Suite Ant #. etc			Suite, Apt. #, etc.				<u> </u>	75 Additional
22 27			· · · · · · · · · · · · · · · · · · ·			5. Certificate of Status Desired	1 1 7	ee Required
City & State 28			City & State		Election Campaign Financing Trust Fund Contribution		.00 May Be	
Zip 24	Country 25 29		Zip	Country		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No		
B-7]	g, Name and Address of Curr		lered Agent	[30]		10. Name and Address of New Reg		
PINO, RAUL F					Name			
2440 CORAL WAY					Street Addr	Street Address (P.O. Box Number is Not Acceptable)		
MIAMI FL 33145				82	Sireer Addir	ess (F.O. BOX NUMBER IS NOT ACCEPTABLE	<i>3)</i>	
				83				
				84	City		85	Zip Code
					1 "		FLIT	,
11. Pursuant office or agent. I a	to the provisions of Sections 607.05 registered agent, or both, in the Sta am familiar with, and accept the obli	502 and 6 te of Florio gations of	07.1508, Florida Sta tu da: Such change was I. Section 607.05 05 , Fl	tes, the above authorized by orida Statutes	e-named corp / the corporati s.	oration submits this statement for the purion's board of directors. I hereby accept	rpose of chang the appointmen	ing its registered nt as registered
SIGNATURE								
12.	Signature typed or printed name of registered a OFFICERS A			TE: Registered Age	ent signature require	ed when reinstating) ADDITIONS/CHANGES TO OFFICE	DATE DIDEC	TODO IN 40
TITLE	PD	DITE.	DELETE	1.1 TITLE		ADDITIONS/CHANGES TO OFFICE	Cha	
NAME	GOMEZ, PABLO		<u> </u>	1.2 NAME				go /idoi:/oii
STREET ADDRESS	i ann aitt ann airm airm			1.3 STREET	ADDRESS			
CITY-ST-ZIP	MIAMI FL 33129			1.4 CITY - S				
TITLE	TD		DELETE	2.1 TITLE			Cha	inge Addition
NAME	TORRES, OMAR			2.2 NAME				
STREET ADDRESS	and a six and six a six as			2.3 STREET	ADDRESS			
CITY-ST-ZIP	MIAMI FL 33129			2.4 CITY-5	ST - Z(P			
TITLE	SD		DELETE	31 TITLE			☐ Cha	nge 🔲 Addition
NAME	GARCIA, PEDRO			3.2 NAME				ŀ
STREET ADORESS	2600 S.W. 3RD AVE. SUIT	E 850		3.3 STREET	ADDRESS			
CITY-ST-ZIP	MIAMI FL 33129		1 50,000	3.4. CITY - S	T-ZIP			
TITLE			DELETÉ	4.1 TITLE			L Cha	nge L_ Addition
NAME				4. 2 NAME				
STREET ADDRESS				4.3 STREET				
CITY-ST-ZIP TITLE			DELETE	4.4 CITY-S 5.1 TITLE	1-214		☐ Cha	nge Addition
NAME				5.1 THEE 5.2 NAME				igo [] Aguidul)
STREET ADDRESS				5.3 STREET	ADDRESS			
CITY-ST-ZIP				5.4 CITY-S				
TITLE			DELETE	6.1 TITLE			☐ Chai	nge Addition
NAME				6.2 NAME				
STREET ADDRESS				6.3 STREET	ADDRESS			
CITY-ST-ZIP				6.4 CITY - S	i			
14. I hereby o	certify that the information supplied a	with this fo	ling does not qualify for			Section 119 07(3)(i) Florida Statutes I fu	rther certify the	the information

14. I 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 recorder 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 changing or on the unique process.

SIGNATURE: Millimula 1

CR2E034 (10/97)