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PROFIT CORPORATION ANNUAL REPORT

1996



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

1. Corporatio	MENT # P930 Y FOODS PLACE, INC	00052723	(2)					
	TOTAL RECEIPTED							
Principal Place	e of Business	Mailing Address						010 110 10 14 14 1 7 1
7400 SW 14 MIAMI FL 3:		7400 SW 146TH MIAMI: FL 33183	7400 SW 146TH AVE. MIAMI FL 33183					
					3. Date Incorporated or Qualified 05/10/1993	1	of Last I	•
¬ '	ace of Business	2a. Mailing Addres	ss		4. FEI Number	_	7,007	Applied For
Suite, Apt.	# etc	26 Suito Act # c			65-0411581			Not Applicable
2]		Suite, Apt. #, e	etc.		5. Certificate of Status Desired		•	5 Additional Required
City & State		City & State			Election Campaign Financing Trust Fund Contribution			00 May Be ad to Fees
Zip I	Country 25	Zip 29	30 Cou	ntry	8. This corporation has liability for in Florida Statutes	intangible ta	ix unde: s	199.032,
	9. Name and Address of Curr	ent Registered Agent			10. Name and Address of New R	legistered .	Agent	
B. 1516	Market Lake A		i	81 Name				<u> </u>
Rubio, Fernando 7400 SW 146TH Ave.			82 Street Add		ress (P.O. Box Number is Not Acceptab	не)		
	FL 33183			83				
			ı	84 City	-	FL	85 Z	ip Code
				,				
1. Pursuant t	to the provisions of Sections 607.050	02 and 607.1508, Florida S	Statutes, the abo		ration submits this statement for the pur	<u>-</u> -	nging its	registered office
familiar wit	th, and accept the obligations of, Se	ection 607.0505, Florida Sta			ration submits this statement for the pur rd of directors. I hereby accept the appo	<u>-</u> -	nging its registered	registered office d agent. I am
familiar wit	th, and accept the obligations of, Se Signature typed or critical name of registered again	ent and little if applicable.	(NOTE: Registered		of directors. Thereby accept the appoint when reinstating)	pose of cha pintment as	registered	d agent. I am
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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: A PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/23/96 (301)884-8701