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

CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # **P93000062541**1. Corporation Name

ROSITA MEAT WHOLESALERS, INC.

Principal Place of Business Mailing Address					3 1801100; III. 18100 IIIII 80	ili 60ili 90ili 60ilb		910 OL 1004 1004
936 PARK AVE		936 PARK AVE LAKE PARK FL 33403						
				İ	DO NOT V	WRITE IN THIS	SPACE	
					te Incorporated or Quali	ifed		
Ĺ		r			//08/1993			
	lace of Business	2a, Mailing Address		I	t Number			plied For
21	W -42	Suite, Apt #, etc.		65	-0435283		4 ! !	t Applicable
F				5. Ce	rtifcate of Status Desire	d [	\$8.75 A	
City & Stat	Α	City & State						
23	-	28			ection Campaign Financi ist Fund Contribution	mg [ ]	\$5.00 Added to	
Zip	Country	Zip	Country	ł	s corporation owes the	current year Inta		
24	25	29	30		rsonal Property Tax			LINo
	9. Name and Address of Current	Registered Agent		10. Na	me and Address of Ne	w Registered	Agent	
VOIT	201814AN 15D01D-		81 Name	Antuna	Y R. HABO	PP		
Land Street 18164 SE LAUREL LEAF LN 52 Street				Address (P.O	Y K. HAD Box Number is Not Acc	-; <b>€.</b> :eptable)		
TEQUESTA SU COLOR				36 P	ARK AVE			
150	DESTA PL 33409		83					
			84 City	AKE P	1011		85 Zip C	پر Sqde
			( )	-	· ·	FL	33	903
11. Pursuant office or re agent. La	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with land accept the obligation	and 607,1508, Florida Statutes f Florida, Such change was aut ons of, Section 647,0505, Florid	<ol> <li>the above named thorized by the corpoda Statutes</li> </ol>	corporation sul oration's board	omits this statement for of directors. Thereby ar	ccept the appoi	ntmeňl aš reg •	registered gistered
SIGNATURE						3-1-90	1	
	Signature, typed or printed name of registered agent a		Registered Agent signalise it ■	regional which has the	n <sub>e</sub> g	31A(1		
12.	OFFICERS AND	DELETE	13.	ADD	ITIONS/CHANGES TO	OFFICERS AN		
TITLE	VOITCUMAN JEDOUD	N DECE IE	1 : TITLE	D ALTHOU	AND HAKE	2	[   Change	Addition
NAME	-KRITCHMAN, JEROLD		12 NAME	33/ 10	NY R. HABER ARK AVE	Ę.		
STREET ADDRESS	18164 LAUREL LEAF LANE TEQUESTA FL		13 STREET ADDRESS	736 F	PARK, FL	33403	2	
CITY-ST-ZIP TITLE	VST	E) DELETE	14 CITY - ST - ZIP 2 1 TITLE	2475	PAKA, PE	3370	ر [ˈ]Change	[   Addition
NAME	SALVATORE, MIRRA	E, see	2.2 NAME		Symmornia	oo taa		
STREET ADDRESS	14 COACHMANS COURT		23 STREET ADDRESS	ĺ	~700007 -03/2	22/24-10	โกล้ก- ก	21
CITY-ST-ZIP	OLD WESTBURY NY		2 4 CITY S1-ZIF	}	Single Si		*****15	
TITLE	-VP	DELETE	3 1 TITLE			.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	[] Change	[ ] Add-lion
NAME	KRITCHMAN, NORMA		3.2 NAME	}				}
STREET ADDRESS	18164 LAUREL LEAF LANE		3.3 STREET ADDRESS					
CITY ST. ZIP	TEQUESTA FL		34 CITY-\$1-Z#2					
την		[ ] DELETE	41 THUE				[   Change	[   Addition
NAME			4 2 NAVE					
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NAME			5.2 NAME			W	Ø	)
STREET ADDRESS			5 3 STREET ADDRESS				MU	
CITY-ST-ZIP		[] DELETE	54 CITY-ST-ZIF 61 TITLE			71	Victor 1	
TITLE		L.) DELETE	62 NAME			91	⊶ junange	[ ] Addition
NAME			63 STREET ADDRESS					
STREET ADDRESS			64 CID -\$1-7P					}
CriY-ST-ZIP	ertify that the information supplied with	this filing does not qualify for the		l Lin Section 119	+07(3)(n. Florida Statutr	es I further cert	ify that the in	iformation

Indicated on this annual report or supplied with this him globes not quality for the exemption stated in Section 118 07(3)(1) Fioritial Statutes. I furnier 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, with all other like empowered.

SIGNATURE:

99 848 12 81111: 63

SECRETARY OF STATE TALLAMASSEE, FLOREDA