FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P93000070708 (1)**

1. Corporation Name
TREVI FOODS DISTRIBUTORS, INC.

Principal Place of Business
2801 NW 125TH ST.
MIAMI FL 33167

Mailing Address
2801 NW 125TH ST.
MIAMI FL 33167

3. Date Incorporated or Qualified: **10/12/1993**
3a. Date of Last Report: **05/22/1995**
4. FEI Number: **65-0492418** ☐ 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

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 County 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 County 30

9. Name and Address of Current Registered Agent

BLANCO, SANTIAGO
2801 NW 125TH ST.
MIAMI FL 33167

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 Section(s) 607.0502 and 607.1502, 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 _____

12. OFFICERS AND DIRECTORS

TITLE	D	☐ DELETE
NAME	DIOGUARDI, VINCENZO	
STREET ADDRESS	AV. RAFAEL RANGEL, QTA LA CIMA	
CITY-ST-ZIP	SANTA FE CARACAS VENEZUELA	
TITLE	D	☐ DELETE
NAME	DIOGUARDI, LUCIO	
STREET ADDRESS	AV. LA MESETA RES. LA CUMBRE AP. 2AC	
CITY-ST-ZIP	SANTA ROSA DE LIMA CARACAS	
TITLE	D	☐ DELETE
NAME	SEMIDEY, LUIS E	
STREET ADDRESS	CALLE A-3 QTA. FANFATILITA	
CITY-ST-ZIP	SANTA ROSA DE LIMA CARACAS	
TITLE	D	☐ DELETE
NAME	PALAZZASE, GIOVANNI	
STREET ADDRESS	AV. LOS SAMANES, RES LOS SAMANES AP. 5C	
CITY-ST-ZIP	LA FLORIDA CARACAS, VENEZUEL	
TITLE	D	☐ DELETE
NAME	SPORTIELLO, MICHELE	
STREET ADDRESS	AV. MANAURE SECTOR J. QTA	
CITY-ST-ZIP	CHIRIMENA MACARACUAY CARACAS	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is true and accurate. Each officer and director listed above consents to serve in the capacity indicated. I am aware that false information submitted in a document to the Department of State is a violation of Florida law. I further certify that the information indicated on this report or supplemental requirement 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 added by amendment, or is otherwise authorized to sign.

SIGNATURE: - Michele Sportiello 04/26/96
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)