

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

FILED
Apr 21 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address	
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number	Applied For
22 City & State	27 City & State	65-0492418	Not Applicable
23 Zip	28 Country	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
24	25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
		29	30
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	

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

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 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. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DIOGUARDI, VINCENZO	1.2 NAME	
STREET ADDRESS	AV. RAFAEL RANGEL, QTA LA CIMA	1.3 STREET ADDRESS	
CITY-ST-ZIP	SANTA FE CARACAS VENEZUELA	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DIOGUARDI, LUCIO	2.2 NAME	
STREET ADDRESS	AV. LA MESETA RES. LA CUMBRE AP. 2AC	2.3 STREET ADDRESS	
CITY-ST-ZIP	SANTA ROSA DE LIMA CARACAS	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SEMIDEY, LUIS E	3.2 NAME	
STREET ADDRESS	CALLE A-3 QTA. FANFATILITA	3.3 STREET ADDRESS	
CITY-ST-ZIP	SANTA ROSA DE LIMA CARACAS	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PALAZZASE, GIOVANNI	4.2 NAME	
STREET ADDRESS	AV. LOS SAMANES, RES LOS SAMANES AP. 5C	4.3 STREET ADDRESS	
CITY-ST-ZIP	LA FLORIDA CARACAS, VENEZUEL	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SPORTIELLO, MICHELE	5.2 NAME	
STREET ADDRESS	AV. MANAURE SECTOR J. QTA	5.3 STREET ADDRESS	
CITY-ST-ZIP	CHIRIMENA MACARACUAY CARACAS	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 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:

Santiago Blanco - Chairman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/23/98

(305) 769-0799

CP2E034 (10/97)