

FILED
May 19, 1999 8:00 am
Secretary of State

05-19-1999 90027 013 ***300.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P93000070708

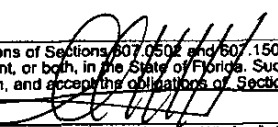
1. Corporation Name

TREVI FOODS DISTRIBUTORS, INC.

Principal Place of Business 2801 NW 125TH ST. MIAMI FL 33167	Mailing Address 2801 NW 125TH ST. MIAMI FL 33167
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/12/1993	
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 65-0492418		Applied For Not Applicable	
22 City & State	27 City & State	5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
23 Zip	28 Zip	6. Election Campaign Financing— Trust Fund Contribution ☐		\$5.00 May Be Added to Fees	
24 Country	29 Country	8. This corporation owes the current year intangible Personal Property Tax. ☐ Yes ☐ No			

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 DIOGUARDI, MARCO 82 Street Address (P.O. Box Number is Not Acceptable) 2801 N.W. 125TH STREET 83 84 City MIAMI FL 85 Zip Code 33167			
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 				MARCO DIOGUARDI 5/28/99 DATE			

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	☐ DELETE		1.1 TITLE	☐ Change ☐ 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	☐ DELETE		2.1 TITLE	☐ Change ☐ 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	☐ DELETE		3.1 TITLE	☐ Change ☐ 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	☐ DELETE		4.1 TITLE	☐ Change ☐ 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	☐ DELETE		5.1 TITLE	☐ Change ☐ 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		☐ DELETE		6.1 TITLE	☐ Change ☐ 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, with all other like empowered.

SIGNATURE:


SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/4/99

305-769-0799

Daytime Phone #

CR2E034 (11/98)