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

Mailing Address

9733 N.W. 4TH LANE MIAMI FL 33172-4001

PROFIT CORPORATION ANNUAL REPORT

1997

appears in Block 12 or Block 13

SIGNATURE:

Principal Place of Business

9733 N.W. 4TH LANE

MIAM1 FL 33172



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

FILED

Jan 22 1997 8:00am

Secretary of State

Daytime Phone #

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P93000075119 (6)

BLUE PLATE FOOD PROCESSOR, INC.

3. Date incorporated or Qualified 3a. Date of Last Report 10/29/1993 02/16/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0446204 26 21 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 Added to Fees 28 Trust Fund Contribution Zip Country Z00 Country 8. This corporation has liability for intangible tax under s. 199.032, 24 25 30 Florida Statutes Yes I No 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name DEL PINO, RAFAEL 9733 N.W. 4TH LANE 82 Street Address (P.O. Box Number is Not Acceptable) **MIAMI FL 33173** 83 84 City Zip Code 85 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 INO16: Registered Agent signature required when reinstating) Signature, typed or painted name of registered agent and fit of applicable 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/6) DELETE Change THLE 1.1 JITLE DEL PINO, RAFAEL 1.2 NAME NAME 9733 N.W. 4TH LANE STREET ADORESS 1.3 STREET ADDRESS **MIAMI FL 33172** 1.4 CITY - ST - ZIP CITY-ST-ZIF SVD DELETE Change Addition TITLE 21 TITLE DEL PINO, JOSE 2.2 NAME NAME 9733 N.W. 4TH LANE 2.3 STREET ADDRESS \$TREET ADDRESS **MIAMI FL 33172** CITY - ST-ZIF 2 4 CITY - ST - ZIP DELETE TITLE Change Addition 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY - ST- ZIP CHY-ST-ZIL DELETE Change Addition 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - 7IP DELETE Change Addition THE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY - ST - ZIP 5.4 CITY - ST - ZIP DELETE Addition TITLE 61 TITLE NAME 6.2 NAME STREET ADDRESS 6 3 STREET ADDRESS DITY-ST-7IP 6.4 CHTY - ST - ZIP 14. I do 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