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

Mailing Address
12651 SOUTH DIXIE HWY

Profit Corporation Annual Report

1997

Principal Place of Business

12651 SOUTH DIXIE HWY

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

FILED

Apr 22 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000018886 (9)

AGRAMEAT PRODUCE CORPORATION

Suite 401 Miami Fl 33156	3	Suite 401 Maimi Fl 33158-5956	SUITE 401 Maimi FL 33158-5956						
US		US			3. Date Incorporated or Qualified 03/07/1994	te of Last Report 01/1998			
2. Principal Pla	ace of Business	2a. Mailing Address			4. FEI Number Applied For				
1		26				65-0481203			t Applicable
Suite Apt # 2	fright:	Suite, Apt. #, etc.			Certificate of Status Desired	\$8.75 Additional Fee Required			
City & State		City & State				6. Election Campaign Financing	5 /	\$5.00	
3	6	28		untry		Trust Fund Contribution		Added to	
Zip 4]	Country 25	29	30	ы по у		8. This corporation has liability for Florida Statutes	Intangible		199.032,
<u>.</u>	9. Name and Address of Curre			T		10. Name and Address of New Re	gistered	Agent	
വ	DSTEIN, STUART A			81	Name				
444 BRICKELL AVE SUITE 300					Street Adv	dress (P.O. Box Number is Not Acceptal	nle)		
MIAMI FL 33131				82 Street Add		areas (1.0. Box Harrison is Horricospial	,		
,,,,, a				83					
				84	City		FL	85 Zip (Code
	of Contains COV OF	00 and 007 1609 Florida Str	tutoe the e	L L	named co	rporation submits this statement for the p	21112000	f changing it	s registered
office or to	o the provisions be sections 607.00 egistered attent, or both, in the Stat	e of Florida. Such change wi	as authorize	d by	the corpor	ation's board of directors. I hereby acce	pt the apr	pointment as	registered
agent Lar	in landia with, and accept the oblig	gations of, Section 607.0505,	Florida Sta	itutes		al	m. 0	14.9	7
SIGNATURE	Thuman		NOTE: Degisters	ad Aaa	el constant to	ured when reinstating)	DATE		
2.		jenhand tille Fappokable (ND DIRECTORS	13.	<u>-</u>	nt signature req	ADDITIONS/CHANGES TO OFFIC	CERS AN	D DIRECTOR	S IN 12
Z. II,F	D	DELETE		ITLE			-	Change	Addition
AMÉ	ARGUELLO, JOSE	B		NAME	}				
PREET ADDRESS	10720 SW 60 STREET				ADDRESS				
HY-ST ZIP	MIAMI FL 33173			CITY-S					
ille	D	DELETE		ITLE				Change	Additio
5ME	CHAMORRO, JORGE		2.2)	NAME					
RELLADORISS	14400 SW 73 AVE		2.3 5	STREET	ADDRESS	·			
ur si zie	MIAMI FL 33158		2. 4	CITY-5	57 - ZIP				
HILF	DELETE		3.11	3.1 TITLE				Change	Addition
IAMŁ	NAVARRO, XAVIER		3.21	NAME					
DESET ADORESS	10720 SW 60 STREET		3.3 \$	STREET	ADDRESS				
0FY-S1-20	MIAMI FL 33173		3.4.	CITY-5	ST - ZIP	***************************************			
Hr.F		☐ DELĒTE	4.1 1	TITLE				L Change	Additio
IMAN			4. 2	NAME					
STREET LADORESS			4.3 5	STREET	ADDRESS				
olly-\$1 Zin				CITY-S	T - ZIP			T 05	1 12200
littet		[] DELETE		TITLE				∐ Change	Additio
9AMi				NAME					
OREEL ASIDRESS			53	STREET	ADDRESS				
SITY - \$1 - 7-21				CITY - S	17 - ZIP			Change	Additio
IHLE		DELETE		TITLE	1			Change	□1 vogen
NAME				NAME					
STREET ADDRESS					ADDRESS				
CHY ST-76"	L. , ,		6.41	CITY-S	I-ZIP	ed in Section 119.07(3)(i), Florida Statut	as I furth	or contifu that	the
informatic Lam an o	at inches stood on this some as concell of	r supplemental annual report or the receiver or trustee em	is true and powered to	acci	∍rate and t≀	hat my signature shall have the same leg- port as required by Chapter 607, Florida	Statutes;	as ir made un	name