

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000020741 (2)

1. Corporation Name

FOOD SERVICE OF THE UNITED STATES, INC.



Principal Place of Business

Mailing Address

2720 CORAL WAY
FOURTH FLOOR
MIAMI FL 33145

2720 CORAL WAY
FOURTH FLOOR
MIAMI FL 33145

3. Date Incorporated or Qualified

03/17/1994

3a. Date of Last Report

08/22/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

RIERA-GOMEZ, PAULA
2720 CORAL WAY
FOURTH FLOOR
MIAMI FL 33145

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. Thereby accept the appointment as registered agent I am familiar with and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature of principal place of business of registered agent and the applicable

(NOTE: Registered Agent signature required when not in charge)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME
GOMEZ, PAULA R
STREET ADDRESS
2720 CORAL WAY
CITY - ST - ZIP
MIAMI FL 33145

TITLE ☐ DELETE

NAME
MUNOZ, DAISY
STREET ADDRESS
2720 CORAL WAY
CITY - ST - ZIP
MIAMI FL 33145

TITLE ☐ DELETE

NAME
ALBERNI, JOSE
STREET ADDRESS
2720 CORAL WAY
CITY - ST - ZIP
MIAMI FL 33145

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY - ST - ZIP

21 TITLE ☒ Change ☐ Addition

NAME
MUNOZ, DAISY
STREET ADDRESS
2720 CORAL WAY
CITY - ST - ZIP
MIAMI FL 33145

31 TITLE ☒ Change ☐ Addition

NAME
ALBERNI, JOSE
STREET ADDRESS
2720 CORAL WAY
CITY - ST - ZIP
MIAMI FL 33145

41 TITLE ☐ Change ☐ Addition

42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIP

51 TITLE ☐ Change ☐ Addition

52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME
63 STREET ADDRESS
64 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Signature of Principal

CR2E034 (3/96)