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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000050309 (1)

UNITED FOOD, INC.

FILED Mar 30 1998 8:00am Secretary of State



Principal Place	of Business	Mailing A	Address			
1701 N. W. 71 MIAMI FL 3313			1701 N. W. 7TH AVENUE MIAMA FL 33136			DO NOT WRITE IN THIS SPACE
						3. Date Incorporated or Qualified
						07/07/1994
2. Principal Pl	ace of Business	2a, Maile	ng Address			4. FEI Number Applied For
21		26	 			65-0579434 Not Applicable
Suite, Apt.	#, etc.	Suite	Suite, Apl. #, etc.			5. Certificate of Status Desired \$8.75 Additional
22		27				Fee Required
City & State	9	City &	City & State			6. Election Campaign Financing \$5.00 May Be
23		28		T		Trust Fund Contribution
Zip Country		· • •	Zip Country		У	This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No
24	25 Name and Addre	29 se of Current Registered	Agent	30		10. Name and Address of New Registered Agent
	T			8-	Name	
	l, michael e Brickell Key Dri'	Æ		ļ		
	ITE 702	VC.			82 Street Address (P.O. Box Number is Not Acceptable)	
	MI FL 33131			8:	3	
IVIE	WHITE GOTOT			_	4 0	- 85 Zip Code
				84	4 City	FL 85 Zip Code
office or re	egistered agent, or both	ions 607,0502 and 607,150 i, in the State of Florida, Su ept the obligations of, Sect	ich change was:	authorized t	ov the corp	corporation submits this statement for the purpose of changing its registered poration's board of directors. I hereby accept the appointment as registered
SIGNATURE	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
SIGNATORE	Signature, typed or printed name	of registered agent and tile it applic	able (NO	If Registered A	gent signature	required when reinstating) DATE
12.		FFICERS AND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition
TITLE	DP		☐ DELETE	1.1 TITLE		Change Adomon
NAME	DE CASTRO, ALB			1.2 NAMI		
STREET ADDRESS	9300 S.W. 104TH	AVE.			ET ADDRESS	
CITY-ST-ZIP TITLE	MIAMI FL 33176		DELETE	1.4 CITY		Change Addition
NAME				2.2 NAM		
STREET ADDRESS					et address	
CITY-ST-ZIP				2.4 CITY		
TIFLE			DELETE	3.1 TITLE		Change Addition
NAME				3.2 NAM	E	
STREET ADDRESS				3.3 STRE	ET ADDRESS	
CITY+ST-ZIP				3.4. CITY	- ST- ZIP	
TITLE			DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME				4. 2 NAM	NE	
STREET ADDRESS				4.3 STRE	et address	
CITY-ST-ZIP				4.4 CITY		
TITLE			☐ DELETE	5.1 TITLE		Change Addition
NAME				5.2 NAM		
STREET ADDRESS					ET ADDRESS	
CITY-ST-ZIP			DELETE	5.4 CITY		Change Addition
TITLE			T DECEIE	61 TITLE		C. Oriendo C. Monitori
NAME				6.2 NAM		
STREET ADDRESS					ET ADDRESS	
CITY-ST-ZIP	certify that the information	on supplied with this bling of	toes not qualify	for the exem	ontion state	led in Section 119.07(3)(i), Florida Statutes. I further certify that the information
indicated	on this annual report of		ort is true and ac			pnature shall have the same legal effect as If made under oath; that I am an required by Chapter 607, Florida Statutes; and that my name appears in

Lineare Fernandez de Castro 3/24/98 BOS) 324 8700