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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

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Jan 15 1997 8:00am

Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9400060876 (7)

R & F FOOD CORP.

STREET ADDRESS

appears in Block 12 or Block

Principal Place of Business Mailing Address 6643 N.W. 2ND AVENUE B643 N.W. 2NO AVENUE MIAMI FL 33150-4511 MIAMI FL 33150 3a. Date of Last Report 03/08/1996 3. Date Incorporated or Qualified 08/18/1994 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0514890 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Źip Country Country $Z_{\rm ID}$ 8. This corporation has liability for intangible tax under s. 199.032, Yes No 30 Florida Statutes 24 25 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name abeldayem, Ribhi J 12872 S.W. 115TH AVENUE Street Address (P.O. Box Number is Not Acceptable) MIAMI FL 33186 83 84 City Zip Code ₿5 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Fforida 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 Fforida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with land accept the obligations of, Section 607.0505, Fforida Statutes. SIGNATURE Signature, typed or proded name of registers Lagent and the if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/6)___ DELETE Change TITLE 1.1 TITLE ABDELHAYEM, RIBHI J NAME 1.2 NAME 12872 S.W. 115TH AVENUE STREET ADDRESS 1.3 STREET ADDRESS MIAMI FL 33186 1.4 CITY-ST-7IP CITY - ST - ZIP DELETE Change Addition 2.1 TITLE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2 4 CITY-ST-ZIP CITY - ST - ZIF DELETE Change Addition 31 TITLE TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY - ST - ZIP 34. CITY-ST-ZIP __ DELETE Change Addition 4 1 TITLE TITLE NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP CITY-ST-Z-P DELETE Change Addition TILLE 5.1 TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY - ST- ZIP CITY-ST-ZIP DELETE 6.1 TITLE TITLE NAME 6.2 NAME -01/16/97--01045-

6.3 STREET ADDRESS

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 oriector of the corporation or the receiver or trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name