

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

FILED  
Apr 21 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P94000071870 (7)**

1. Corporation Name

**A & R FOOD DISTRIBUTORS, INC.**

Principal Place of Business

Mailing Address

~~8821 W. FLAGLER ST. #410~~  
~~MIAMI FL 33174~~

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~~MIAMI FL 33174~~

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified

**09/26/1994**

4. FEI Number

**65-0523729**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21 <b>2451 Brickell AVE.</b>	26 <b>2451 Brickell AVE.</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 <b># 20-L</b>	27 <b># 20-L</b>
City & State	City & State
23 <b>MIAMI, FL</b>	28 <b>MIAMI, FL 33</b>
Zip	Zip
24 <b>33129</b>	29 <b>33129</b>
Country	Country
25 <b>Dade</b>	30 <b>Dade</b>

9. Name and Address of Current Registered Agent

**QUIRANTES, ALBERT M**  
**1800 NW 7TH ST.**  
**MIAMI FL 33125**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
<b>FL</b> 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. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b>	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>VALDES, ALICIA</b>	1.2 NAME	<b>Valdes, Alicia</b>
STREET ADDRESS	<del>8821 W. FLAGLER ST. #410</del>	1.3 STREET ADDRESS	<b>2451 Brickell Ave #20-L</b>
CITY - ST - ZIP	<del>MIAMI FL 33174</del>	1.4 CITY - ST - ZIP	<b>MIAMI, FL 33129</b>
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY - ST - ZIP		2.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I 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 appears in Block 12 or Block 13 if changed, in any attachment with an address.

SIGNATURE: **Alicia Valdes** (Alicia Valdes) 4/6/98 (305) 221-8163

CR2E034 (10/97)