FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P95000045545 (7)**

1. Corporation Name

CONTINENTAL FOOD BROKERS, INC.

Principal Place of Business	Mailing Address
~~1205 MARIPOSA AVE., RM 421~~ ~~MIAMI FL 33146~~	~~1205 MARIPOSA AVE., RM 421~~ ~~MIAMI FL 33146~~

3. Date Incorporated or Qualified: 06/07/1995
3a. Date of Last Report:

2. Principal Place of Business
21: 173 Cherokee St.
Suite, Apt. #, etc. 22:
City & State 23: Miami Springs, FL
Zip 24: 33166 Country 25: DADE

2a. Mailing Address
26: 173 Cherokee St.
Suite, Apt. #, etc. 27:
City & State 28: Miami Springs FL
Zip 29: 33166 Country 30: Dade

4. FEI Number: 65-059-0636 ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☑ Yes ☐ No

9. Name and Address of Current Registered Agent

~~MARIN, LUISA M~~
~~1205 MARIPOSA AVE., RM 421~~
~~MIAMI FL 33146~~

SANDRA VAZQUEZ
173 Cherokee St.
Miami Springs, FL
33166.

10. Name and Address of New Registered Agent

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

SIGNATURE: Luisa M. Marin — Sandra Vazquez — DATE

12. OFFICERS AND DIRECTORS

TITLE	D	☐ DELETE
NAME	MARIN, LUISA M	
STREET ADDRESS	1205 MARIPOSA AVE., RM 421	
CITY-ST-ZIP	MIAMI FL 33146	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	D	☐ Change ☑ Addition
2.2 NAME	Sandra Vázquez	
2.3 STREET ADDRESS	173 Cherokee St.	
2.4 CITY-ST-ZIP	Miami Springs, FL 33166	
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-S-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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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)(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, or on an attachment with an address.

SIGNATURE: Sandra Vazquez 2/13/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date

CR2E034 (12/95)