

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 # **P95000053075 (4)**

1. Corporation Name

AMERIFOODS TRADING COMPANY



Principal Place of Business

**3301 N.W. 125TH STREET
MIAMI FL 33167**

Mailing Address

**3301 N.W. 125TH STREET
MIAMI FL 33167**

3. Date Incorporated or Qualified
07/10/1995

3a. Date of Last Report

4. FBI Number

65-0610880

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

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SUTHERLAND, ALLAN C
3301 N.W. 125TH STREET
MIAMI FL 33167**

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 607.1503, 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 (not applicable)

NOTE: Registered Agent Signature required when re-stating.

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME **D LAVERTY, ROGER M III**
STREET ADDRESS **P.O. BOX 2377 GMF N/A**
CITY- ST- ZIP **LOS ANGELES CA 90051-0877**

TITLE ☐ DELETE

NAME **D LYNCH, MARTIN A**
STREET ADDRESS **P.O. BOX 2377 GMF N/A**
CITY- ST- ZIP **LOS ANGELES CA 90051-0877**

TITLE ☐ DELETE

NAME **D STERNLIEB, EDWARD I**
STREET ADDRESS **3301 N.W. 125TH STREET**
CITY- ST- ZIP **MIAMI FL 33167**

TITLE ☐ DELETE

NAME **D GRIFFIN, JAMES**
STREET ADDRESS **P.O. BOX 2377 GMF N/A**
CITY- ST- ZIP **LOS ANGELES CA 90051-0877**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY- ST- ZIP

1. TITLE

12. NAME
13. STREET ADDRESS
14. CITY- ST- ZIP

2. TITLE

22. NAME
23. STREET ADDRESS
24. CITY- ST- ZIP

3. TITLE

32. NAME
33. STREET ADDRESS
34. CITY- ST- ZIP

4. TITLE

42. NAME
43. STREET ADDRESS
44. CITY- ST- ZIP

5. TITLE

52. NAME
53. STREET ADDRESS
54. CITY- ST- ZIP

6. TITLE

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attached form with an address.

SIGNATURE:

Alan C Sutherland

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/24/96

Date

Exemption: P. 119.07(3)(k)

CR2E034 (12/95)