


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

FILED
May 08 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		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 14411 COMMERCE WAY STE. 250 MIAMI FL 33016 US	Mailing Address 14411 COMMERCE WAY STE. 250 MIAMI FL 33016 US
---	---

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 07/10/1995	
21		26		4. FEI Number 65-0610880	
22		27		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24		29		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent SUTHERLAND, ALLAN C 3301 N.W. 125TH STREET MIAMI FL 33167		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input checked="" type="checkbox"/> DELETE	1.1 TITLE	P/C ROBERT J. ENMONS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LAVERTY, ROGER M III	1.2 NAME	P.O. BOX 2377 GMF N/A
STREET ADDRESS	P.O. BOX 2377 GMF N/A	1.3 STREET ADDRESS	LOS ANGELES CA. 90051-0877
CITY-ST-ZIP	LOS ANGELES CA 90051-0877	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	SV DENNIS CHIAVELLI <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LYNCH, MARTIN A	2.2 NAME	P.O. BOX 2377 GMF N/A
STREET ADDRESS	P.O. BOX 2377 GMF N/A	2.3 STREET ADDRESS	LOS ANGELES CA 90051-0877
CITY-ST-ZIP	LOS ANGELES CA 90051-0877	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	EV/ADD/ILLAN C SUTHERLAND <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STERNLIEB, EDWARD I	3.2 NAME	14411 COMMERCE WAY
STREET ADDRESS	3301 N.W. 125TH STREET	3.3 STREET ADDRESS	STE 250
CITY-ST-ZIP	MIAMI FL 33167	3.4 CITY-ST-ZIP	MIAMI FL 33016
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	S DONALD G. ALVARADO <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	P.O. BOX 2377 GMF N/A
STREET ADDRESS		4.3 STREET ADDRESS	LOS ANGELES CA. 90051-0877
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	
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	
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, or on an attachment with an address.

SIGNATURE _____ 4/28/98

CR2E034 (10/97)