

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT CORPORATION
 ANNUAL REPORT
 1996



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

DOCUMENT # **P95000079448 (3)**

1. Corporation Name

SELECTED FOODS DISTRIBUTOR, INC.



Principal Place of Business

Mailing Address

2405 S.W. 129TH COURT
 MIAMI FL 33175

2405 S.W. 129TH COURT
 MIAMI FL 33175

3. Date Incorporated or Qualified

10/17/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 2239 West, 78 Street

26 2239 West, 78 Street

Suite, Apt #, etc.

Suite, Apt #, etc.

22

27

City & State

City & State

23 Hialeah, Florida

28 Hialeah, Florida

Zip

Country

Zip

Country

24 33016

25 Dade

29 33016

30 Dade

4. FEI Number

65-0622913

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

PADRON, LUIS F
 2405 S.W. 129TH COURT
 MIAMI FL 33175

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

Signature of officer or principal agent or registered agent, as applicable

(401) Registered Agent signature required when replacing

DATE

12. OFFICERS AND DIRECTORS

TITLE D
 NAME PADRON, LUIS F DELETE
 STREET ADDRESS 2405 S.W. 129TH COURT
 CITY-ST-ZIP MIAMI FL 33175

TITLE D
 NAME TRUJILLO, JOSE E DELETE
 STREET ADDRESS 8445 S.W. 102ND PLACE
 CITY-ST-ZIP MIAMI FL 33173

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

11 TITLE P/S/D Change Addition

12 NAME Padron, Luis F.

13 STREET ADDRESS 2405 SW, 129th Court

14 CITY-ST-ZIP Miami, Fl. 33175

21 TITLE VP/D Change Addition

22 NAME Trujillo, Jose E.

23 STREET ADDRESS 8445 SW, 102nd Place

24 CITY-ST-ZIP Miami, Fl. 33173

31 TITLE T/D Change Addition

32 NAME De Diego, Lorraine

33 STREET ADDRESS 8845 SW, 102 Place

34 CITY-ST-ZIP Miami, Fl. 33173

41 TITLE Change Addition

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE Change Addition

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE Change Addition

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 trustee empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: X

Luis F. Padron
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 Luis F. Padron

7/24/96 (305)362-5266

CR2E034 (3/96)