

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

FILED

**Apr 20 1998 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000079448 (3)

1. Corporation Name
SELECTED FOODS DISTRIBUTOR, INC.



Principal Place of Business 2239 WEST 78 STREET HALEAH FL 33016 US	Mailing Address 2239 WEST 78 STREET HALEAH FL 33016 US
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 10/17/1995		4. FEI Number 65-0622913		Applied For <input type="checkbox"/> Not Applicable
2. Principal Place of Business 21 Suite, Apt. #, etc.	2a. Mailing Address 26 Suite, Apt. #, etc.	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
22 City & State	27 City & State	6. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
23 Zip	24 Country	28 Zip	29 Country	30

9. Name and Address of Current Registered Agent TRUJILLO, JOSE E 8445 SW 102ND PLACE MIAMI FL 33173				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 FL	

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 PSD	<input checked="" type="checkbox"/> DELETE	1.1 TITLE PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME TRUJILLO, JOSE E		1.2 NAME JOSE E. TRUJILLO	
STREET ADDRESS 8445 SW 102ND PLACE		1.3 STREET ADDRESS 8445 SW, 102ND PLACE	
CITY-ST-ZIP MIAMI FL 33173		1.4 CITY-ST-ZIP MIAMI, FL. 33173	
TITLE TD	<input checked="" type="checkbox"/> DELETE	2.1 TITLE TREASURER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME DE DIEGO, LORRAINE		2.2 NAME DE DIEGO, LORRAINE	
STREET ADDRESS 8845 SW 102 PLACE		2.3 STREET ADDRESS 8445 SW, 102ND PLACE	
CITY-ST-ZIP MIAMI FL		2.4 CITY-ST-ZIP MIAMI, FL. 33173	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE SECRETARY/VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME LYDIA NUÑEZ	
STREET ADDRESS		3.3 STREET ADDRESS 8445 SW, 102ND PLACE	
CITY-ST-ZIP		3.4 CITY-ST-ZIP MIAMI, FL. 33173	
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, or on an attachment with an address.

SIGNATURE: [Signature] **JOSE E. TRUJILLO** 4/11/98 362-5266

CR2E034 (10/97)