

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Mar 01, 1999 8:00 am  
Secretary of State

03-01-1999 90257 003 \*\*\*\*79.37

03-01-1999 90257 004 \*\*\*\*79.38

DOCUMENT # P95000086711

1. Corporation Name

MARQUEZ FOOD CORPORATION

mfc1 79.37  
mfc2 79.38



Principal Place of Business  
19195 MYSTIC POINTE DRIVE  
NORTH MIAMI BEACH FL 33180

Mailing Address  
19195 MYSTIC POINTE DRIVE  
NORTH MIAMI BEACH FL 33180

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/13/1995

4. FEI Number

65-0670032

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 owes the current year Intangible

Personal Property Tax.

☐ Yes ☐ No

2. Principal Place of Business

21 116 Gavilan Ave

Suite, Apt. #, etc.

2a. Mailing Address

26 116 Gavilan Ave

Suite, Apt. #, etc.

City & State

23 Coral Gables FL

Zip

24 33143 25 USA

Country

City & State

28 Coral Gables FL

Zip

29 33143 30

Country

9. Name and Address of Current Registered Agent

MARQUEZ, LIONEL M  
19195 MYSTIC POINTE DRIVE  
NORTH MIAMI BEACH FL 33180

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PSTD  
NAME MARQUEZ, LIONEL M  
STREET ADDRESS 19195 MYSTIC POINTE DRIVE  
CITY-ST-ZIP NORTH MIAMI BEACH FL 33180

TITLE V  
NAME MARQUEZ, LIONEL M  
STREET ADDRESS 19195 MYSTIC POINTE DRIVE  
CITY-ST-ZIP NORTH MIAMI BEACH FL 33180

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PSTD  
1.2 NAME Lionel M. Marquez  
1.3 STREET ADDRESS 116 Gavilan Ave  
1.4 CITY-ST-ZIP Coral Gables FL 33143

2.1 TITLE V  
2.2 NAME Lionel M. Marquez  
2.3 STREET ADDRESS 116 Gavilan Ave  
2.4 CITY-ST-ZIP Coral Gables FL 33143

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

Date

Daytime Phone #

1-11-99 305892-5122

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