SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000013795 (5)

LITTLE HAITY MEAT AND FISH, INC.

APPROVED AND FILED

1997 OCT 17 PM 3: 12

SECRETARY OF STATE TALLAHASSEE, FLORIDA



Principal Place	of Business	Mailing Address							
•		-	385 WEST 39TH PLACE						
200 NORTHWEST 54TH STREET MIAM! FL 33127			HIALEAH FL 33012			DO NOT WRITE IN THIS SPACE			
						3. Date Incorporated or Qualified 02/13/1996	3a. Dat	e of Last Report	
2. Principal Pi	ace of Business	2a. Mailing Addre	2a. Mailing Address 26			4. FEL Number 65-0648141		Applied For Not Applicable	
Suite, Apt.	#, etc.	1 '	Suite, Apt. #, etc.			5. Certificate of Status Desired		\$8.75 Additional Fee Required	
City & State)	City & State				Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees	
Zip	Country	Zip	Co	untry		8. This corporation owes or has pai	d the curre	ent year Intangible	
24	25	29	30			Personal Property Tax due June		Yes No	
	9, Name and Address of Curr	rent Registered Agent		I		10. Name and Address of New Reg	gistered A	gent	
THI	E LAW FIRM OF LAWRENCE .	J SPIEGEL CHRTD	•	81	Name				
343 ALMERIA AVENUE					Stroot Add	eet Address (P.O. Box Number is Not Acceptable)			
	RAL GABLES FL 33134				Street Add	ess (r.o. box nomber is not Acceptable)			
,				83					
4				84	City		FL	85 Zip Code	
11. Pursuant l	to the provisions of Sections 607.0	502 and 607.1508, Florid	a Statutes, the a	above	e-named corp	poration submits this statement for the p	urpose of	changing its registered	
office or re agent. I a	egistered agent, or both, in the Sta m familiar with, and accept the ob-	ate of Florida. Such chang ligations of, Section 607.0	je was authorize 505, Florida Sta	ed by atutes	the corpora s.	tion's board of directors. I hereby accep	the appo	pintment as registered	
SIGNATURE	Signature, typed or printed name of registered	agont and trie if applicable	(NOTE Register	ed Age	ant signature requ	red when reinstating)	DATE		
12.		AND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFIC	ERS AND		
THLE	PD	□ DEI	ETE 1.11	TITLE				Change Addition	
NAME	GARCIA, HUGO		1.21	NAME					
STREET ADDRESS	200 NORTHWEST 54TH ST	REET	1.3 9	STREET	ADDRESS	3000023 -10/21/ *****55	325	3732	
CITY-ST-ZIP	MIAMI FL 33127			CITY-S	T - ZIP	-10/21/	<u>970</u>	1029020	
TITLE	STD	DEI	E1E 2.11	TITLE		※※※※55	0.00 -	L#常來來55ULVIDion	
NAME .	GARCIA, LUIS		2.21	NAME					
STREET ADDRESS	200 NORTHWEST 54TH ST	REET	2.3	STREET	ADDRESS				
CITY-ST-ZIP	MIAMI FL 33127		2.4	спү-	ST-ZIP	Lat			
TITLE		DET		TITLE		151		Change Addition	
NAMI _a			3.21	NAME					
STREET ADDRESS			3.3	STREET	ADDRESS				
CITY-ST-7/P					ST-21P				
TITLE		DEI		UTLE				Change Addition	
NAME				NAME					
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP				CITY - S					
TITLE		☐ DEI		TITLE				Change Addition	
NAME		_	1	NAME					
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CITY-ST-ZIP TITLE		DE		HTLE	71-111			☐ Change ☐ exiditio	
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NAME					AUDDESC			. 100 lt	
STREET ADDRESS					ADDRESS			(v	
CITY-ST-ZIP			64	CITY-S	51-ZIP				

14. I do 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 suppliemental 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 of 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 changes or on a atlantiment with an address.

DECHRET

09-15-97