SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.

AMOUNT DUE ON OR BEFORE 09/30/88: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

Mailing Address

14025 NW 27TH AVE

PROFIT CORPORATION ANNUAL REPORT

Principal Place of Business

14025 NW 27TH AVE



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P96000018239 (9)

G. & G. QUALITY MEAT COMPANY

MARIN, VICTORIA

14025 NW 27TH AVE

OPALOCKA FL 33054

NAME

TITLE

NAME. STREET ADDRESS

TITLE

NAME

TITLE

NAME

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

ÓPALOCKA FL 33054 OPALOCKA FL 33054 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 02/26/1996 2. Principal Place of Business 4. FFI Number 2a. Malling Address Applied For 65-0643824 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Country Country Zip Zip 8. This corporation owes or has paid the current year Intangible Yes 30 Personal Property Tax due June 30. 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent MARIN, VICTORIA R1 Name 14025 NW 27TH AVE 82 Street Address (P.O. Box Number is Not Acceptable) **OPALOCKA FL 33054** 83 84 City Zip Code 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. TITLE 1.1 TITLE DELETE Change Addition DE LA FE, JORGE NAME 1.2 NAME 14025 NW 27TH AVE STREET ADDRESS 1.3 STREET ADDRESS **OPALOCKA FL 33054** CITY-ST-ZIP 1.4 CITY-ST-ZIP 2.1 TITLE TITLE DELETE Change Addition

2.2 NAME

3.1 TITLE

3.2 NAME

4.1 TITLE

4.2 NAME 4.3 STREET ADDRESS

5.1 TITLE

6.2 NAME

6.1 TITLE

6.2 NAME 6.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.3 STREET ADDRESS

6.4 CITY-ST-ZIP

2.3 STREET ADDRESS

3.3 STREET ADDRESS 3.4 CITY-ST-ZIP

2.4 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 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 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 or an utilishment with an address.

SIGNATURE:

etari Maries III

DELETE

DELETE

DELETE

DELETE

7/2/48

30F6l8-7340

FILED

Secretary of State

Jul 16 1998 8:00am

ZEU34 (5/98)

Addition

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Change

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