

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

FILED
May 26 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # P96000031393 (7)
 1. Corporation Name
KENIA FOOD DISTRIBUTIONS CORP.

Principal Place of Business: **221 NW 49 AVE. MIAMI FL 33126**
 Mailing Address: **221 NW 49 AVE. MIAMI FL 33126**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 21 **5541 NW 74 AVE.**
 Suite, Apt. #, etc.
 22 City & State **MIAMI, FL**
 23 Zip **33166** Country **DADE.**

2a. Mailing Address
 26 **5541 NW 74 AVE.**
 Suite, Apt. #, etc.
 27 City & State **MIAMI, FL.**
 28 Zip **33166** Country **DADE.**

3. Date Incorporated or Qualified
04/10/1996

4. FEI Number **65-0676416**
 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 or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent
ADAY, WILLIAM
221 NW 49 AVE.
MIAMI FL 33126

10. Name and Address of New Registered Agent
 81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City **FL**

11. Pursuant to the provisions of Sections 607.0507 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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> DELETE
DP	ADAY, WILLIAM	221 NW 49 AVE.	MIAMI FL 33126	<input type="checkbox"/>
DV	ADAY, CRISTOBAL	221 NW 49 AVE.	MIAMI FL 33126	<input type="checkbox"/>
DT	ADAY, ARACELY	221 NW 49 AVE.	MIAMI FL 33126	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
1.1					
1.2					
1.3					
1.4					
2.1					
2.2					
2.3					
2.4					
3.1					
3.2					
3.3					
3.4					
4.1					
4.2					
4.3					
4.4					
5.1					
5.2					
5.3					
5.4					
6.1					
6.2					
6.3					
6.4					

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: _____

CR2E034 (10/97)