

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

**FILED**  
**Apr 13, 1999 8:00 am**  
**Secretary of State**

04-13-1999 90099 005 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # P96000031393

1. Corporation Name  
**KENIA FOOD DISTRIBUTIONS CORP.**

Principal Place of Business  
 5541 NW 74TH AVE  
 MIAMI FL 33126  
 US

Mailing Address  
 5541 NW 74TH AVE  
 MIAMI FL 33126  
 US



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**04/10/1996**

2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For  
 21 Suite, Apt. #, etc. 26 **3225 SW 127 AVE** 4. **65-0676416** Not Applicable

22 City & State 27 City & State 5. Certificate of Status Desired  \$8.75 Additional Fee Required

23 Zip Country 28 **MIAMI, FLORIDA** 6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees

24 Zip Country 29 **33175** 30 **US.** 8. This corporation owes the current year Intangible Personal Property Tax.  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 **ADAY, WILLIAM**  
 82 Street Address (P.O. Box Number is Not Acceptable)  
 83 **3225 SW 127 AVE**  
 84 City **MIAMI FL 33175 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 *William Aday* **William Aday** DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ADAY, WILLIAM	1.2 NAME	
STREET ADDRESS	221 NW 49 AVE.	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33126	1.4 CITY-ST-ZIP	
TITLE	DV <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ADAY, CRISTOBAL	2.2 NAME	
STREET ADDRESS	221 NW 49 AVE.	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33126	2.4 CITY-ST-ZIP	
TITLE	DT <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ADAY, ARACELY	3.2 NAME	
STREET ADDRESS	221 NW 49 AVE.	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33126	3.4 CITY-ST-ZIP	
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, with all other like empowered.

SIGNATURE: *William Aday* SIGNATURE REQUIRED **3/7/99 (305) 5596576**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)