

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

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Mar 06 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000039112 (3)

1. Corporation Name
FOOD SOURCE IMPORT-EXPORT INC.

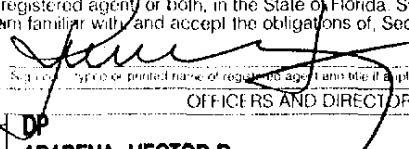


Principal Place of Business 7344 SW 82ND ST., APT. C-109 MIAMI FL 33143	Mailing Address 7344 SW 82ND ST., APT. C-109 MIAMI FL 33143-7429
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2. Principal Place of Business 21 4912 SW 75 AVE Suite, Apt #, etc.		2a. Mailing Address 26 4912 SW 75 AVE Suite, Apt #, etc.		3. Date Incorporated or Qualified 05/07/1996	3a. Date of Last Report
22 City & State 23 MIAMI, FL		27 City & State 28 MIAMI, FL		4. FEI Number 65-0663446	Applied For <input type="checkbox"/> Not Applicable
24 Zip 33155		25 Country USA		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
26 Zip 33155		27 Country USA		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					

9. Name and Address of Current Registered Agent ARABENA, HECTOR R 7344 SW 82ND ST., APT. C-109 MIAMI FL 33143				10. Name and Address of New Registered Agent	
81 Name				82 Street Address (P.O. Box Number is Not Acceptable)	
83				84 City	
85 Zip Code				FL	

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 of 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  DATE **2/26/97**

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE <input type="checkbox"/> DELETE NAME ARABENA, HECTOR R STREET ADDRESS 7344 SW 82ND ST., APT. C-109 CITY-ST-ZIP MIAMI FL 33143				1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP			
TITLE <input type="checkbox"/> DELETE NAME INSUA, ROGELIO STREET ADDRESS 7344 SW 82ND ST., APT. C-109 CITY-ST-ZIP MIAMI FL 33143				2.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 921 SYLVANIA BLVD 2.4 CITY-ST-ZIP WEST MIAMI, FL 33144-5081			
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP				3.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 3.2 NAME DANIEL SANZ 3.3 STREET ADDRESS 9830 CAMINO REAL APT 201 3.4 CITY-ST-ZIP MIAMI, FL 33143			
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP				4.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 4.2 NAME ANDREA FERNANDEZ ARABENA 4.3 STREET ADDRESS 7344 SW 82ND ST APT C-109 4.4 CITY-ST-ZIP MIAMI, FL 33143			
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP				5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP			
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP				6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-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 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:  DATE **2/26/97** (300) 261-1614

CR2E034 (9/96)