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**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000039112 (3)

FOOD SOURCE IMPORT-EXPORT INC.

## **FILED** Mar 06 1997 8:00am Secretary of State



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7344 SW 82ND ST., APT. C-109 7344			Mailing Address 344 SW 82ND ST., APT, C-109						
MIAMI FL 33143	3	Mi	AMI FL 33143-7429						
						3. Date Incorporated or Qualified 05/07/1996	3a. Date of	Last Re	port
	ace of Business	26,	. Mailing Address			4. FEI Number	<del>!</del>	Apı	olied For
1 4912 SW 75 AVE		26	26 1912 SW 75 AVB			65-0663446			Applicable
Suite, Apt	#, etc		Suite, Apt. #, etc.			5. Certificate of Status Desired			dditional
2		27	01. 8 01-1-					Fee Re	<del>'</del>
City & State		28	City & State .  MIAMI	Æ		6. Election Campaign Financing			May Be
2 MIAM	Country	28	Zip	Coun	trv	Trust Fund Contribution  8. This corporation has liability for		oded to	
4 3315		29	33155	30	/SA		Yes No		199.032,
<u> </u>	g. Name and Address of C		tered Agent	1991	**************************************	10. Name and Address of New Ro	egistered Agen	t	
ARAI	BENA, HECTOR R			8	1 Name	,			
7344	SW 82ND ST., APT. C-109	)		1	2 Street A	Address (P.O. Box Number is Not Accepta	ble)		
MIAN	AI FL 33143								
				10	3				
				1	4 City		85	Zip C	ode
							FL.	l. '	
11. Pursuarf t	to the provision <b>s</b> of Sections 60	7.0502 and 6 State of Etoria	07.1508, Florida Sta da, Such channe wa	tutes, the abo	ove-named o	corporation submits this statement for the	purpose of char of the appointm	iging its ent as i	registered registered
agent. I ar	m familiar with and accept the	obligations of	f, Section 607.0505,	Florida Statu	les.	oration's board of directors. I hereby acce			09,010,00
,	Charles -	<u> </u>	***************************************				2/26/	197	
SIGNATURE			_						
	Sign of Typico or printed name of register	no age i ano title			Agent signature i	required when reinstaling)	DAVE		
12.	Sign of hyproper printed name of register OFFICER	no age i ann tile IS AND DIREC	OT DRS	13.		required when reinstaling) ADDITIONS/CHANGES TO OFFI			
<b>12.</b>	Jp <sup>6</sup>	of age Lamo the IS AND DIREC		13. 1.1 Tota	E			ECTOR hange	
SIGNATURE  12.  IIIUE  NAME	DP ARABENA, HECTOR R		OT DRS	13. 1.1 TITL 1.2 NAM	E IE				
12. TITLE NAME STREET ADDRESS	DP ARABENA, HECTOR R 7344 SW 82ND ST., APT.		OT DRS	13. 1.1 TITL 1.2 NAM 1.3 STR	E NE EET ADDRESS				
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