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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998

DOCUMENT # P96000039112 (3)

FOOD SOURCE IMPORT-EXPORT INC.

FILED

Apr 10 1998 8:00am

Secretary of State

Principal Place of Business Mailing Address							
4912 SW 75TH AVE 4912 SW 75TH AVE							
MIAMI FL: 3	· · · · · · · · · · · ·	MIAMI FL 33155					
US		U\$				DO NOT WRITE IN THIS SPACE	
						3. Date Incorporated or Qualified 05/07/1996	
2. Principal	Place of Business	2a. Mailing Address				4. FEI Number Applied For	
21		26	26			65-0663446 Not Applicable	
Suite, Ap	t. #, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			Certificate of Status Desired \$8.75 Additional	
22		27				Fee Required	
City & State		City & State	City & State			Election Campaign Financing \$5.00 May Be	
23	<u> </u>	28				Trust Fund Contribution Added to Fees	
Zıp	Country	Zip	L c	ountry		8. This corporation owes or has paid the current year Intangible	
24	25	29	30			Personal Property Tax due June 30. Yes No	
	9, Name and Address of Curre	ent Registered Agent		81		10. Name and Address of New Registered Agent	
l	arabena, hector r				Name	e	
	7344 SW 82ND ST., APT. C-109				82 Street Address (P.O. Box Number is Not Acceptable)		
M	IIAMI FL 33143						
				83			
				84	Cily	85 Zip Code	
					Oily	FL S Z D OODE	
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 obli	gations of, Section 607.0505,	Florida S	latutes	,	Appliation a board of directors. Thereby accept the appointment as registered	
SIGNATURE Signature, typed or printed name of registered agent and little if applicable (NOTE: Registered Agent signature required when reinstating) DATE							
12.		ND DIRECTORS	13		in signatur	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP STREET	DELETE		TITLE		Change Addition	
NAME	ARABENA, HECTOR R			NAME			
STREET ADDRESS		.100			ADDRESS		
CITY-ST-ZIP	MIAMI FL 33143		1	CITY - ST			
TITLE	V	DELETE		TITLE	1 - 1112	Change Addition	
NAME	INSUA, ROGELIO			NAME		- Orlonge - Maddidin	
	AAA AMAMA BILIA	•			4 DODE CC		
STREET ADDRESS	W MIAMI FL				ADDRESS		
CITY-ST-ZIP	W MIAMI FL	DELETE		CITY-S	1-ZIP	Change Addition	
TITLE	SANZ DANIE	DILLETE		TITLE		Li charge Li Addition	
NAME	SANZ, DANIEL	٠,		NAME			
STREET ADDRESS		VI			ADDRESS	5	
CITY-ST-ZIP	MIAMI FL	Dri ere		CITY-S	1 - 7IP	₩ a	
TITLE	PEDIALIDES ADADELIA	DELETE		TITLE		Change Addition	
NAME	FERNANDEZ ARABENA,		1	NAME		ANDREA FERNANDEZ ARABENA	
STREET ADDRESS	1	09	4.3	STREET	ADDRESS		
CITY-ST-ZIP	MIAMI FL	· · · · · · · · · · · · · · · · · · ·		CITY-ST	-ZIP		
TITLE		☐ DELETE	5.1	THLE		Change L Addition	
NAME			5.2	NAME			
STREET ADDRESS			5.3	STREET	ADDRESS		
CITY-ST-ZIP			5.4	CITY-S1	- Z IP		
TITLE		DELET e	6.1	TITLE		☐ Change ☐ Addition	
NAME			6.2	NAME			
STREET ADDRESS			6.3	STREET	ADDRESS		
CITY-ST-ZIP	l		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 abdress.

CICNATURE.

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4/2/98

(305)2611614