


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

FILED

Apr 23 1997 8:00am  
Secretary of State

<b>PROFIT CORPORATION ANNUAL REPORT 1997</b>				<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS																																																							
<b>DOCUMENT # P96000051772</b> 1. Corporation Name <b>E.A.T. FOOD INC.</b>																																																											
Principal Place of Business <b>2110-12 N.W. 18TH AVE. MIAMI, FL 33142</b>			Mailing Address <b>2110-12 N.W. 18TH AVE. MIAMI, FL 33142</b>																																																								
2. Principal Place of Business 21 State, Apt. #, etc. 22 City & State 23 Zip Country		2a. Mailing Address 26 State, Apt. #, etc. 27 City & State 28 Zip Country		3. Date Incorporated or Qualified <b>06/18/96</b> 3a. Date of Last Report <b>NONE</b> 4. FEI Number <b>65-0711516</b> 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> 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 <b>EDDY TOMAS MARTIN</b>			10. Name and Address of New Registered Agent 81 Name <b>ADELVO DIAZ</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>4757 S.W. 143 AVENUE</b> 83 84 City <b>MIAMI</b> FL 85 Zip Code <b>33175</b>																																																								
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 <i>E. Tomas Martin</i> (NOTE: Registered Agent signature required) <i>Adelvo Diaz</i> DATE <b>4/21/97</b>																																																											
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="3">12. OFFICERS AND DIRECTORS</th> <th colspan="3">13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12</th> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td>STREET ADDRESS</td> <td>1.1 TITLE</td> <td>1.2 NAME</td> <td>1.3 STREET ADDRESS</td> </tr> <tr> <td>SECRETARY</td> <td>ELINOR RIVERA</td> <td>1150 N.W. 72 AVE., 307 MIAMI, FL 33126</td> <td>PRESIDENT</td> <td>EDDY TOMAS MARTIN</td> <td>2801 S.W. 140 AVENUE MIAMI, FL 33176</td> </tr> <tr> <td>TREASURER</td> <td>ARISTIDES RIVERA</td> <td>1150 N.W. 72 AVE., 307 MIAMI, FL 33126</td> <td>SECRETARY</td> <td>ADELVO DIAZ</td> <td>4757 S.W. 143 AVENUE MIAMI, FL 33175</td> </tr> <tr> <td colspan="3">           1.4 CITY - ST - ZIP            1.5 TITLE            1.6 NAME            1.7 STREET ADDRESS            1.8 CITY - ST - ZIP         </td> <td colspan="3">           2.1 CITY - ST - ZIP            2.2 TITLE            2.3 NAME            2.4 STREET ADDRESS            2.5 CITY - ST - ZIP         </td> </tr> <tr> <td colspan="3">           1.9 CITY - ST - ZIP            1.10 TITLE            1.11 NAME            1.12 STREET ADDRESS            1.13 CITY - ST - ZIP         </td> <td colspan="3">           3.1 CITY - ST - ZIP            3.2 TITLE            3.3 NAME            3.4 STREET ADDRESS            3.5 CITY - ST - ZIP         </td> </tr> <tr> <td colspan="3">           1.14 CITY - ST - ZIP            1.15 TITLE            1.16 NAME            1.17 STREET ADDRESS            1.18 CITY - ST - ZIP         </td> <td colspan="3">           4.1 CITY - ST - ZIP            4.2 TITLE            4.3 NAME            4.4 STREET ADDRESS            4.5 CITY - ST - ZIP         </td> </tr> <tr> <td colspan="3">           1.19 CITY - ST - ZIP            1.20 TITLE            1.21 NAME            1.22 STREET ADDRESS            1.23 CITY - ST - ZIP         </td> <td colspan="3">           5.1 CITY - ST - ZIP            5.2 TITLE            5.3 NAME            5.4 STREET ADDRESS            5.5 CITY - ST - ZIP         </td> </tr> <tr> <td colspan="3">           1.24 CITY - ST - ZIP            1.25 TITLE            1.26 NAME            1.27 STREET ADDRESS            1.28 CITY - ST - ZIP         </td> <td colspan="3">           6.1 CITY - ST - ZIP            6.2 TITLE            6.3 NAME            6.4 STREET ADDRESS            6.5 CITY - ST - ZIP         </td> </tr> </table>						12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			TITLE	NAME	STREET ADDRESS	1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	SECRETARY	ELINOR RIVERA	1150 N.W. 72 AVE., 307 MIAMI, FL 33126	PRESIDENT	EDDY TOMAS MARTIN	2801 S.W. 140 AVENUE MIAMI, FL 33176	TREASURER	ARISTIDES RIVERA	1150 N.W. 72 AVE., 307 MIAMI, FL 33126	SECRETARY	ADELVO DIAZ	4757 S.W. 143 AVENUE MIAMI, FL 33175	1.4 CITY - ST - ZIP 1.5 TITLE 1.6 NAME 1.7 STREET ADDRESS 1.8 CITY - ST - ZIP			2.1 CITY - ST - ZIP 2.2 TITLE 2.3 NAME 2.4 STREET ADDRESS 2.5 CITY - ST - ZIP			1.9 CITY - ST - ZIP 1.10 TITLE 1.11 NAME 1.12 STREET ADDRESS 1.13 CITY - ST - ZIP			3.1 CITY - ST - ZIP 3.2 TITLE 3.3 NAME 3.4 STREET ADDRESS 3.5 CITY - ST - ZIP			1.14 CITY - ST - ZIP 1.15 TITLE 1.16 NAME 1.17 STREET ADDRESS 1.18 CITY - ST - ZIP			4.1 CITY - ST - ZIP 4.2 TITLE 4.3 NAME 4.4 STREET ADDRESS 4.5 CITY - ST - ZIP			1.19 CITY - ST - ZIP 1.20 TITLE 1.21 NAME 1.22 STREET ADDRESS 1.23 CITY - ST - ZIP			5.1 CITY - ST - ZIP 5.2 TITLE 5.3 NAME 5.4 STREET ADDRESS 5.5 CITY - ST - ZIP			1.24 CITY - ST - ZIP 1.25 TITLE 1.26 NAME 1.27 STREET ADDRESS 1.28 CITY - ST - ZIP			6.1 CITY - ST - ZIP 6.2 TITLE 6.3 NAME 6.4 STREET ADDRESS 6.5 CITY - ST - ZIP		
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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: <i>Adelvo Diaz</i> <b>ADELVO DIAZ - SECRETARY 305-547-1799</b> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR																																																											

CR2E034 (9/96)