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Apr 04 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 # P96000054408 (5)

1. Corporation Name
MEDITERRANEAN FOOD TRADERS, INC.

Principal Place of Business 200 EAST ROBINSON STREET, SUITE 500 ORLANDO FL 32801	Mailing Address 200 EAST ROBINSON STREET, SUITE 500 ORLANDO FL 32801-1917
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2. Principal Place of Business 21 1842 PATTERSON AV. Suite, Apt. #, etc. 22 Bld. N-5 City & State 23 DELAND FL Zip 24 32724		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30		3. Date Incorporated or Qualified 06/26/1996	3a. Date of Last Report
				4. FEI Number 59-3385563	Applied For Not Applicable
				5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
				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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent FLORIDA CORPORATED SUPPORT, INC. 200 EAST ROBINSON STREET, SUITE 500 ORLANDO FL 32801		10. Name and Address of New Registered Agent 81 Name Florida Corporate Support, Inc. 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code	
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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 *HAIDA Corporate Support, Inc. ASST Sec* **2/11/97**
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CALVET, NIEVES DIAZ 200 EAST ROBINSON STREET, SUITE 500 ORLANDO FL 32801	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	VP/D CALVET, NIEVES DIAZ 900 WATERBURY LANE LONGWOOD, FL. 32750
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MENENDEZ, JUAN G 200 EAST ROBINSON STREET, SUITE 500 ORLANDO FL 32801	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	S/D MENENDEZ, JUAN G. 900 WATERBURY LN. LONGWOOD, FL. 32750
TITLE NAME STREET ADDRESS CITY - ST - ZIP		3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		6.1 TITLE 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)(j), 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 designated, or on an attachment with an address.

SIGNATURE: *Juan G. Menendez* **02/27/97** **(407)3395247**
Signature typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (9/96)