

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

FILED
May 05, 1999 8:00 am
Secretary of State

05-05-1999 90076 014 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000072274

1. Corporation Name
DELAROSA FINE FOODS, INC.



Principal Place of Business 901 N.E. 173RD STREET NORTH MIAMI BEACH F: 33162	Mailing Address 799 BRICKELL PLAZA SUITE 900 MIAMI FL 33131-2805
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29
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3. Date Incorporated or Qualified 08/29/1996
4. FEI Number 65-0791758
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 owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

PERLMAN AND FABER, P.A.
799 BRICKELL PLAZA
SUITE 900
MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name **PERLMAN & ASSOCIATE, P.A.**
 82 Street Address (P.O. Box Number is Not Acceptable)
799 Brickell Plaza
 83 Suite 900
 84 City **Miami** FL 85 Zip Code **33131**

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 *[Signature]* **GEORGE D. PERLMAN, President** 2/18/99

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE

12. OFFICERS AND DIRECTORS

TITLE	SCEO	<input type="checkbox"/> DELETE
NAME	GIRSHBERG, ASHER	
STREET ADDRESS	901 N.E. 173RD ST.	
CITY-ST-ZIP	N MIAMI FL 33162	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ABADY, MAURICE	
STREET ADDRESS	799 BRICKELL PLAZA, SUITE 900	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE	PT	<input type="checkbox"/> DELETE
NAME	ABADY, HERBERT	
STREET ADDRESS	799 BRICKELL PLAZA, SUITE 900	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	GIRSHBERG, ASHER	
1.3 STREET ADDRESS	901 N.E. 173rd Street	
1.4 CITY-ST-ZIP	North Miami Beach, Florida 33162	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	ABADY, HERBERT	
3.3 STREET ADDRESS	799 Brickell Plaza, Suite 900	
3.4 CITY-ST-ZIP	Miami, Florida 33131	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 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		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I hereby certify that the information supplied with this filing does not constitute a presumption 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 correct 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 all other like empowered.

SIGNATURE: *[Signature]* **MAURICE ABADY, Director** 27 April 99

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)