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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # P96000072274

1. Corporation Name

DELAROSA FINE FOODS, INC.

Principal Place	of Business	Mailing Address		1 (BRISON) IN INITA MILLI AND IS BALLE MAIN AND IN	
901 N.E. 173RD	STREET	799 BRICKELL PLAZA			
NORTH MIAMI BEACH F: 33162 SUITE 900				DO NOT WRITE IN THIS	S SPACE
		MIAMI FL 33131-2805		3. Date Incorporated or Qualifed	
				08/29/1996	÷
2. Principal Pl	ace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		65-0791758	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	····	5. Certificate of Status Desired	\$8.75 Additional
22		27			Fee Required
City & State	e ·	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28	Country	Trust Fund Contribution	Added to Fees
—₁ Zip	Country	Zip	Country	This corporation owes the current year Ir Personal Property Tax.	ntangible
24	9. Name and Address of Curre	29 3	<u> </u>	10. Name and Address of New Registered	_
	5. Haine and Address of Care	nt regionales rigoni	81 Name pr	ERLMAN & ASSOCIATE, P.A.	
PERL	MAN AND FABER, P.A.		I I		
799	BRICKELL PLAZA		82 Street Add	gos (P.O. Box Number in Not Acceptable)	
SUIT	E 900·		83 51	uite 900	
MIAN	AI FL 33131				85 Zip Code,
			1 / M1	iami F l	_ 33131
11. Pursuant	to the provisions of Sections 607.05	02 and 607.1508, Florida Statutes	, the above-named cor	poration submits this statement for the purpose of ion's board of directors. I hereby accept the appo	f changing its registered
office or n	egistered agent, or both, in the State m familiar with, and accept the oblig	e of Florida. Such change was autoastions of, Section 607.0505, Florid	ia Statutes.		
SIGNATURE	7-1		GEORGE D. PI		18/99
			egistered Agent signature require		ND DIDECTORS IN 12
12.		ND DIRECTORS	13. 1.1 TITLE	ADDITIONS/CHANGES TO OFFICERS A	Change Addition
TITLE	SCEO	□ DECE IE		GIRSHBERG, ASHER	
NAME	GIRSHBERG, ASHER 901 N.E. 173RD ST.				
STREET ADDRESS	N MIAMI FL 33162		14 CITY-ST-ZIP	901 N.E. 173rd Street North Miami Beach, Flo	orida 33162
CITY-ST-ZIP TITLE	N MIAMI FE 33102		14 CH1-31-ZIF		JI 144 JJIVE
NAME	ABADY, MAURICE	□ DELETÉ	2.1 TITLE		Change Addition
STREET ADDRESS		☐ DELETÉ	2.1 TITLE 2.2 NAME		
		_			
CITY-ST-ZIP	799 BRICKELL PLAZA, SUITE	_	2.2 NAME		☐ Change ☐ Addition
CITY-ST-ZIP	799 BRICKELL PLAZA, SUITE MIAMI FL 33131	_	2.2 NAME 2.3 STREET ADDRESS		
	799 BRICKELL PLAZA, SUITE MIAMI FL 33131 PT	900	22 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME A S	BADY, HERBERT	☐ Change ☐ Addition ☐ Change ☐ Addition
TITLE	799 BRICKELL PLAZA, SUITE MIAMI FL 33131 PT ABADY, HERBERT	900	22 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME A S	BADY, HERBERT 99 Brickell Plaza, Su	☐ Change ☐ Addition ☐ Change ☐ Addition
TITLE NAME	799 BRICKELL PLAZA, SUITE MIAMI FL 33131 PT	900	22 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME A S	BADY, HERBERT 99 Brickell Plaza, Su ^r iami, Florida 33131	□ Change □ Addition □ Change □ Addition ite 900
TITLE NAME STREET ADDRESS	799 BRICKELL PLAZA, SUITE MIAMI FL 33131 PT ABADY, HERBERT 799 BRICKELL PLAZA, SUITE	900	22 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME A S	BADY, HERBERT 99 Brickell Plaza, Su ^r iami, Florida 33131	☐ Change ☐ Addition ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	799 BRICKELL PLAZA, SUITE MIAMI FL 33131 PT ABADY, HERBERT 799 BRICKELL PLAZA, SUITE	900 DELETE	2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP M	BADY, HERBERT 99 Brickell Plaza, Su [.] iami, Florida 33131	□ Change □ Addition □ Change □ Addition ite 900
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TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	799 BRICKELL PLAZA, SUITE MIAMI FL 33131 PT ABADY, HERBERT 799 BRICKELL PLAZA, SUITE	900 DELETE 900	22 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 31 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	BADY, HERBERT 99 Brickell Plaza, Su ^r iami, Florida 33131	☐ Change ☐ Addition ☐ Change ☐ Addition ite 900 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	799 BRICKELL PLAZA, SUITE MIAMI FL 33131 PT ABADY, HERBERT 799 BRICKELL PLAZA, SUITE	900 DELETE	2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE	BADY, HERBERT 99 Brickell Plaza, Su ^r iami, Florida 33131	□ Change □ Addition □ Change □ Addition ite 900
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	799 BRICKELL PLAZA, SUITE MIAMI FL 33131 PT ABADY, HERBERT 799 BRICKELL PLAZA, SUITE	900 DELETE 900	22 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 31 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME	BADY, HERBERT 99 Brickell Plaza, Su ^r iami, Florida 33131	☐ Change ☐ Addition ☐ Change ☐ Addition ite 900 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	799 BRICKELL PLAZA, SUITE MIAMI FL 33131 PT ABADY, HERBERT 799 BRICKELL PLAZA, SUITE	900 DELETE 900	22 NAME 23 STREET ADDRESS 2.4 CITY-ST-ZIP 31 TITLE 32 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 52 NAME 5.3 STREET ADDRESS	BADY, HERBERT 99 Brickell Plaza, Su ^r iami, Florida 33131	☐ Change ☐ Addition ☐ Change ☐ Addition ite 900 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	799 BRICKELL PLAZA, SUITE MIAMI FL 33131 PT ABADY, HERBERT 799 BRICKELL PLAZA, SUITE	900 DELETE 900	22 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 31 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME	BADY, HERBERT 99 Brickell Plaza, Su ⁻ iami, Florida 33131	☐ Change ☐ Addition ☐ Change ☐ Addition ite 900 ☐ Change ☐ Addition

SIGNATURE:

14. I hereby certify that the information supplied with this filing do indicated on this annual report of supplemental annual report of supplemental annual report of supplemental annual report of the corporation or the reference of trusters. Block 12 or Block 13 if changed for on an attachment with a supplemental wit

NAME STREET ADDRESS

MAURICE ABADY, Director

mption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information stated that my signature shall have the same legal effect as if made under cath; that I am an execute this report as required by Chapter 607, Florida Statutes; and that my name appears in all other like empowered.

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

05-05-1999 90076 014 ***150.00

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