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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

P96000075219 (1)

UNITED FOOD SERVICE, INC.

Mailing Address

FILED Apr 13 1998 8:00am Secretary of State



Principal Place of Business 831 NW 21ST TERRACE 831 NW 21ST TERRACE MIAMI FL 33127-4631 MIAMI FL 33127-4631 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 09/10/1996 Applied For 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Not Applicable 65-0710587 21 26 Suite, Apt. #, etc. \$8.75 Additional Suite, Apt. #, etc П 5. Certificate of Status Desired Fee Required 22 27 City & State 6. Election Campaign Financing \$5.00 May Be City & State Trust Fund Contribution Added to Fees 28 23 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No Zip Country 24 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name DIEGUEZ, ANTHONY 1840 WEST 49TH STREET STE 411 Street Address (P.O. Box Number is Not Acceptable) HIALEAH FL 33012 Zip Code 85 84 City 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, typied or printed name of registered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. DELETE 1.1 TITLE TITLE HERRERA, JORGE L 1.2 NAME NAME 831 NW 21ST TERRACE 1.3 STREET ADDRESS STREET ADDRESS MIAMI FL 33127-4631 1.4 CITY-ST-ZIP CITY-ST-ZIP Addition DELETE ☐ Change 21 TITLE TITLE HERRERA, JORGE L 2.2 NAME NAME 831 NW 21ST TERRACE 2.3 STREET ADDRESS STREET ADDRESS MIAMI FL 33127-4631 2.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition DELETE 3.1 TITLE TITLE 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY - ST - ZIP CITY-ST-ZIP Change Addition DELETE 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 5.1 TITLE TITLE 5.2 NAME NAME **53 STREET ADDRESS** STREET ADDRESS 54 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 6.1 TITLE TITLE 62 NAME MALAF 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY - \$1 - 2IP

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 the address.

SIGNATURE: X