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

PROFIT
CORPORATION
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998
DOCUMENT #

P96000080205 (3)

K.V. & SON INTERNATIONAL FOODS, INC.

FILED May 06 1998 8:00am Secretary of State

Principal Place of Business Mailing Address					- I DERIODOY UND HOUSE ONSU OCHUS ODLIS O	BIAN OBION NORM DUNO	INDIA ODNEJ BIJU DEŽU
1001 EAST 28TH STREET HIALEAH FL 33013		1001 EAST 28TH ST HIALEAH FL 33013	1001 EAST 28TH STREET HIALEAH FL 33013		DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualified		
A 64-34-46	and of Directions	La Marilla Adda			09/25/1996		
2. Principal Place of Business		2a. Mailing Address	26. Walling Address) 		Applied For
Suite, Apt. #, etc.		·	Suite, Apt. #, etc.		65-0719553		.75 Additional
22		<u> </u>	27		5. Certificate of Status Desired	1 1 '	ee Required
City & State		City & State			6. Election Campaign Financing	\$!	5.00 May Be
23		28	<u> </u>		Trust Fund Contribution Added to Fees		
Zip	Country	Zip	Cour	itry	8. This corporation owes or has pa		
25 29 B. Name and Address of Current Regis		29	30		Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent		
		Current Registered Agent		81 Name	10. Name and Address of New He	Agistered Agent	
ANDRIBET, JUAN							
)1 East 28th Street Neah Fl 33013			32 Street Addi	ress (P.O. Box Number is Not Acceptal	ole)	1
П	ULENT FL 33013		į.	93			
							750 Octo
			ľ	B4 City		FL 85	Zip Code
office or re	egi ste red agent, or both, in th		as authorized	by the corporal	poration submits this statement for the tion's board of directors. I hereby acce		
SIGNATURE				Agent signature requi			
Signature, typed or ported name of registered agent and lifter applicable 12. OF FICE RS AND DIRE CTORS			13.	Ağeni siğnaltıra tedri	ADDITIONS/CHANGES TO OFFIC	DATE CERS AND DIRE	CTORS IN 12
TITLE	D	DELETE	1.1 T(T)	E	7,0011101107011711102010 0711	Cr	
NAME	ANDRIBET, JUAN		1.2 NAI	AE }			()
STREET ADDRESS	144 / 5 / 45 / 445 / 445 / 445 / 5		1.3 STF	EET ADDRESS			
CITY-S1-ZIP	HIALEAH FL 33013 1.40		7-ST-ZIP				
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NAME	2.23		2.2 NA	NE			1
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TITLE	1 ·		3.1 TITL	ì		L_] Ch	nange [] Addition
STREET ADDRESS			3.2 NAI	ale Eet address			1
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NAME			4. 2 NA	ME			
STREET ADDRESS			4.3 STR	EET ADDRESS			
CITY-ST-ZIP			4.4 CH	(-ST-ZIP			
TITLE		☐ DELET e	5.1 TITE	£		C	nange Addition
NAME			5.2 NAI	AE			1
STREET ADDRESS			5.3 STR	EET ADDRESS			1
CITY-ST-ZIP				/-ST-ZIP			
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NAME			62 NA)	, I			
STREET ADDRESS				FET ADDRESS			}
CITY-ST-ZIP			6.4 C/T	r-ST-ZIP	Continue 440 07/9V/IV Florido Character	d	-4 11 - 1-4

4. 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 the and accurate and that my signature shall have the same legal effect as if made under cath; that I am an officer or director of the corporation or the receiver or trul to the however of the properties of the corporation or the receiver or trul to the however of the properties of the corporation of the corporation or the receiver or trul to the however of the properties of the corporation of the

ANDRIBET THAN PA

Pn (305)836,002