

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

FILED

Jan 17 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>	 FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P96000081650 (9)**

1. Corporation Name  
**R & R FOODS, INC.**



Principal Place of Business <b>782 NW LE JEUNE ROAD STE 350 MIAMI FL 33126</b>	Mailing Address <b>782 NW LE JEUNE ROAD STE 350 MIAMI FL 33126-5550</b>
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2. Principal Place of Business 21 <b>2750 Davie Boulevard</b> Suite, Apt. #, etc.		2a. Mailing Address 26 <b>2750 Davie Boulevard</b> Suite, Apt. #, etc.		3. Date Incorporated or Qualified <b>10/09/1996</b>	3a. Date of Last Report
22 City & State 23 <b>Ft. Lauderdale, FL</b>		27 City & State 28 <b>Ft. Lauderdale, FL</b>		4. FEI Number <b>65-069-9298</b>	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
24 Zip <b>33312</b> Country		29 Zip <b>33312</b> Country		5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
25 <b>Broward</b>		30 <b>Broward</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
26 <b>33312</b>		31 <b>33312</b>		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 <b>FLOREZ, LESLIE L 782 NW LE JEUNE ROAD STE 350 MIAMI FL 33126</b>		10. Name and Address of New Registered Agent 81 Name <b>Vicente R. Borrero</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>2750 Davie Boulevard</b> 83 84 City <b>Ft. Lauderdale</b> <b>FL</b> 85 Zip Code <b>33312</b>	
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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 *[Signature]* **Vicente R. Borrero, Registered Agent** 1/6/97  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FLOREZ, LESLIE L ESQ.</b>	1.2 NAME	<b>D,P,T,VP,S Vicente R. Borrero</b>
STREET ADDRESS	<b>782 NW LE JEUNE ROAD STE 350</b>	1.3 STREET ADDRESS	<b>2750 Davie Boulevard</b>
CITY-ST-ZIP	<b>MIAMI FL 33126</b>	1.4 CITY-ST-ZIP	<b>Ft. Lauderdale, FL 33312</b>
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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)(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 an attachment with an address.

SIGNATURE: *[Signature]* **Leslie Florez, Pres./Dir.** 1/6/96 **448 8838**  
(NOTE: Registered Agent signature required when reinstating)

CR2E034 (9/96)