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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

Feb 21 1997 8:00am

Secretary of State

Secretary of State DIVISION OF CORPORATIONS

1997

STREET ADDRESS

CrTY - ST - ZIP

DOCUMENT # P96000096327 (7)

LA PERF	ECTA DAIRY PRODUCTS,	INC.			
Principal Place of Business Mailing Address					A 30AA EKAN BAIR 11110 AAN 1801 E00
7775 N.W. 66TH STREET 7775 N.W. 66TH STREET MIAMI FL 33166 MIAMI FL 33166-2717					
				3. Date incorporated or Qualified 11/26/1996	3a. Date of Last Report
2. Principal Pl	Jace of Business	2a. Mailing Address		4. FFI Number	Applied For
21		26		65-071291	Not Applicable
Suite, Apt.	#, etc	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22		27			Fee Required
City & State	ē	City & State		6. Election Campaign Financing	\$5.00 May Be
Z ip	Country	28	Country	Trust Fund Contribution	Added to Fees
24	25		30	This corporation has liability for Florida Statutes	Intangible tax under s. 199.032,
24	9. Name and Address of Curre		1	10. Name and Address of New R	
CAS	TILLO, ALVARO B ESQ.		81 Name		
1390 BRICKELL AVE.			82 Street Add	ress (P.O. Box Number is Not Accepta	I Q
SUITE 200				5 NW 66 St	016)
MIAN	MI FL 33131		83		
			84 Gity.		DE Zin Code
			MIQ	MI	FL 65 33166
11. Pursuant	to the provisions of Sections 607.05	02 and 607.1508, Florida Statute	s, the above-named cor	poration submits this statement for the	purpose of changing its registered
agent. La	m familiar with, and accept the oblig	gations of, Section 607.0505, Flor	ida Statutes.	poration submits this statement for the tion's board of directors. I hereby acce	the appointment as registered
SIGNATURE.	Dana Den	se Buulla.	Director	2 -	. 17-97
	Signature, typed or printed name of registered ag		Registered Agent signature requ		DAYE
12.	OFFICERS AN	ND DIRECTORS	13. 1.1 TITLE	ADDITIONS/CHANGES TO OFF	Change Addition
NAME	LIANES, ALEJANDRO		1.2 NAME		Charge En Aconon
STREET ADDRESS	7775 N.W. 68TH STREET		1.3 STREET ADDRESS		
	MIAMI FL 33166			•	
CITY-ST-ZIP TITLE	D	DELETE	1.4 CITY-ST-ZIP 2.1 TITLE		Change Addition
NAME	LIANES, ALFONSO A		2.2 NAME		1 11 1
STREET ADDRESS	7775 N.W. 66TH STREET		2.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33186		2.4 CITY - ST - ZIP	•	
TITLE	D	☐ DELETE	3.1 TITLE		Change Addition
NAME	BONILLA, DIANA		3.2 NAME		
STREET ADDRESS	7775 N.W. 66TH STREET		3.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33166		3.4. CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 FITLE		Change Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
City+St-ZiP		······································	4.4 CITY - ST - ZIP		
TITLE		☐ DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME	•	
STREET ADDRESS			5.3 STREET ADDRESS		
City-St-ZiP		Deceme	5.4 CITY-ST-ZIP		
TOTLE		☐ DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		

6.3 STREET ADDRESS

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.