

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

FILED

Feb 11 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000024310 (9)

1. Corporation Name

ATLANTIC FOOD PRODUCTS, INC.

Principal Place of Business

1717 N. BAYSHORE DRIVE
SUITE 2147
MIAMI FL 33132

Mailing Address

1717 N. BAYSHORE DRIVE
SUITE 2147
MIAMI FL 33132

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/14/1997

4. FEI Number

65-0742703

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business

21 1903 E. Atlantic Blvd

Suite, Apt. #, etc.

22

City & State

23 Pompano Beach, FL

Zip

24 33060

Country

25 USA

2a. Mailing Address

26 1627 Brickell Ave

Suite, Apt. #, etc.

27 401

City & State

28 Miami, Florida

Zip

29 33129

Country

30 USA

9. Name and Address of Current Registered Agent

ORTEGA, HUMBERTO
1717 N. BAYSHORE DRIVE
SUITE 2147
MIAMI FL 33132

10. Name and Address of New Registered Agent

81 Name

ORTEGA, Humberto

82 Street Address (P.O. Box Number is Not Acceptable)

1627 Brickell Ave

83 Suite # 401

84 City

Miami

FL

85 Zip Code

33129

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, typed or printed name of registered agent and fee, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	ORTEGA, HUMBERTO	
STREET ADDRESS	1717 N. BAYSHORE DR., SUITE 2147	
CITY-ST-ZIP	MIAMI FL 33132	

TITLE	ORTEGA, Humberto	<input type="checkbox"/> DELETE
NAME	1627 Brickell Ave #401	
STREET ADDRESS	Miami, FL, 33129	
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	ORTEGA, HUMBERTO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	1627 BRICKELL AVE SUITE 401	
1.3 STREET ADDRESS	MIAMI FL 33129	
1.4 CITY-ST-ZIP		

2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		

3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		

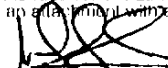
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		

5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		

6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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 an attached statement with an address.

SIGNATURE:



CP2E034 (10/97)