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Mar 13 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 # P97000030328 (3)

1. Corporation Name

LARA FOOD CORPORATION

Principal Place of Business

19575 BISCAYNE BLVD.  
STORE 1425  
NORTH MIAMI FL 33180

Mailing Address

19575 BISCAYNE BLVD.  
STORE 1425  
NORTH MIAMI FL 33180

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 1110 BRICKELL AV	26 1110 BRICKELL AV
22 Suite, Apt. #, etc. 430	27 Suite, Apt. #, etc. 430
23 MIAMI - FLORIDA	28 MIAMI FLORIDA
24 Zip 33131	29 Zip 33131
25 Country USA	30 Country USA

3. Date Incorporated or Qualified	Applied For
04/03/1997	Not Applicable
4. FEI Number	
650746377	
6. 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

9. Name and Address of Current Registered Agent

WAYNE, GEOFFREY M  
1001 BRICKELL BAY DR  
SUITE 2702  
MIAMI FL 33131-4940

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	PRESIDENT, Secretary, Director
NAME	ZAHROUR, JOSEPH	1.2 NAME	ZAHROUR JOSEPH
STREET ADDRESS	1110 BRICKELL AVE STE 430	1.3 STREET ADDRESS	1110 BRICKELL AVE STE 430
CITY-ST-ZIP	MIAMI FL 33131	1.4 CITY-ST-ZIP	MIAMI FL 33131
TITLE	D	2.1 TITLE	
NAME	COURY, DENIS	2.2 NAME	
STREET ADDRESS	1110 BRICKELL AVE STE 430	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33131	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0249717

CR2E034 (10/97)