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PROFIT CORPORATION ANNUAL REPORT

1998



ELORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000038033 (1)

DALUFE FOOD DISTRIBUTOR, INC.

Principal Place of Business

Mailing Address

19163 NW 78 COURT

19163 NW 78 COURT

FILED Apr 16 1998 8:00am Secretary of State



MIAMI FL 33015 **MIAMI FL 33015** DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 04/29/1997 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 8157 Now 201 TENKACE GK-0748781 21 8157 NW 201 TEANIACE Not Applicable Suite, Apt. #, etc. \$8.75 Additional Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Floredo Mx my I t love In MATAMI \Box Trust Fund Contribution Added to Fees 23 Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes 25 Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name GOMEZ, JAIRO 19163 NW 78 COURT Street Address (P.O. Box Number is Not Acceptable) MIAMI FL 33015 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) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. DELETE 1 1 TITLE GOMEZ, JAIRO 1.2 NAME NAME 8159 NW 201 TERRIFCE. 19163 NW 78 COURT 1.3 STREET ADDRESS STREET ADDRESS **MIAMI FL 33015** 1.4 CITY - ST - ZIP CITY - ST - ZIP DELETE 2.1 TITLE GOMEZ, MARIA TERESA 2.2 NAME 8157NW 201 Ternsce 19163 NW 78 COURT 2.3 STREET ADDRESS STREET ADDRESS **MIAMI FL 33015** HERMI PL. 33015 2. 4 CITY - ST - ZIP CITY-ST-ZIP Change ___ Addition DELETE TITLE 31 TITLE 32 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-S1-ZIP 3.4. CITY-ST-ZIP Change Addition DELETE 41 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Change ___ Addition DELETE TITLE NAME 5.2 NAME **5.3 STREET ADDRESS** STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP Change ___ Addition DELETE 6.1 TITLE 6.2 NAME 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 too 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 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