

**FILED**  
**Apr 22, 1999 8:00 am**  
**Secretary of State**

04-22-1999 90125 040 \*\*\*150.00

<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> <b>Secretary of State</b> <b>DIVISION OF CORPORATIONS</b>
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DOCUMENT # P98000007107

1. Corporation Name

DEL VALLE PACKERS CORP

Principal Place of Business

782 NW 42 AVE  
STE 430  
MIAMI FL 33126

Mailing Address

782 NW 42 AVE  
STE 430  
MIAMI FL 33126

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/22/1998

4. FEI Number **APPLIED FOR**  
**SEE ATTACHE COPY OF APPLICATION**

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution ☐**\$5.00** May Be  
Added to Fees8. This corporation owes the current year Intangible  
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City &amp; State

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City &amp; State

28 Zip Country

29

9. Name and Address of Current Registered Agent

MEMBIELA, JOAQUIN  
782 NW 42 AVE  
STE 430  
MIAMI FL 33126

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

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

1.1 TITLE ☐ DELETENAME PD  
STREET ADDRESS MEMBIELA, MARTA M  
CITY-ST-ZIP 782 NW 42 AVE, STE 430  
MIAMI FL 331261.2 TITLE ☐ DELETENAME STD  
STREET ADDRESS MEMBIELA, JOAQUIN R  
CITY-ST-ZIP 782 NW 42 AVE, STE 430  
MIAMI FL 331261.3 TITLE ☐ DELETENAME  
STREET ADDRESS  
CITY-ST-ZIP1.4 TITLE ☐ DELETENAME  
STREET ADDRESS  
CITY-ST-ZIP1.5 TITLE ☐ DELETENAME  
STREET ADDRESS  
CITY-ST-ZIP1.6 TITLE ☐ DELETENAME  
STREET ADDRESS  
CITY-ST-ZIP1.7 TITLE ☐ DELETENAME  
STREET ADDRESS  
CITY-ST-ZIP1.8 TITLE ☐ DELETENAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP ☐ Change ☐ Addition2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP ☐ Change ☐ Addition3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP ☐ Change ☐ Addition4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP ☐ Change ☐ Addition5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP ☐ Change ☐ Addition6.1 TITLE ☐ Change ☐ 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 807, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

JOAQUIN R. MEMBIELA

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/24/99 305-446-4006

CR2E034 (11/98)

orm **SS-4**

Rev. February 1998)

Department of the Treasury  
Internal Revenue Service**Application for Employer Identification Number**(For use by employers, corporations, partnerships, trusts, estates, churches,  
government agencies, certain individuals, and others. See instructions.)

► Keep a copy for your records.

EIN

OMB No. 1545-0003

1 Name of applicant (legal name) (see instructions)

DEL VALLE PACKERS CORP.

2 Trade name of business (if different from name on line 1)

4a Mailing address (street address) (room, apt., or suite no.)

782 N.W. 42 AVE. SUITE 430

4b City, state, and ZIP code

MIAMI, FL 33126

6 County and state where principal business is located

MIAMI DADE - FLORIDA

7 Name of principal officer, general partner, grantor, owner, or trustee - SSN or ITIN may be required (see instructions.) ► 265-76-8444

JOAQUIN R. MEMBIELA

8a Type of entity (Check only one box.) (see instructions.)

☐ Sole proprietor (SSN)☐ Partnership☐ REMIC☐ State/local government☐ Other nonprofit organization (specify) ►☒ Other (specify) ► CORPORATION☐ Personal service corp.☐ National Guard☐ Farmers' cooperative☐ Estate (SSN of decedent)☐ Plan administrator (SSN)☐ Other corporation (specify) ►☐ Trust☐ Federal government/military

(enter GEN if applicable)

8b If a corporation, name the state or foreign country  
(if applicable) where incorporated

State

N/A

Foreign country

N/A

9 Reason for applying (Check only one box.) (see instructions)

☒ Started new business (specify type) ► PACKING☐ Hired employees (Check the box and see line 12.)☐ Created a pension plan (specify type) ►☐ Banking purpose (specify purpose) ►☐ Changed type of organization (specify new type) ►☐ Purchased going business☐ Created a trust (specify type) ►☐ Other (specify) ►

10 Date business started or acquired (month, day, year) (see instructions)

INCORPORATED 01/22/98

11 Closing month of accounting year (see instructions.)

DECEMBER

2 First date wages or annuities were paid or will be paid (month, day, year). Note: If applicant is a withholding agent, enter date income will first  
be paid to nonresident alien. (month, day, year) . . . . . N/A3 Highest number of employees expected in the next 12 months. Note: If the applicant does  
not expect to have any employees during the period, enter 0. (see instructions.) . . . . . 0

Nonagricultural

Agricultural

Household

4 Principal activity (see instructions.) ► INACTIVE

5 Is the principal business activity manufacturing? . . . . . Yes ☐ No ☒

If "Yes," principal product and raw material used ►

6 To whom are most of the products or services sold? Please check one box.

☐ Public (retail)☐ Other (specify) ►☒ Business (wholesale)7a Has the applicant ever applied for an employer identification number for this or any other business? . . . . . Yes ☐ No ☒

Note: If "Yes," please complete lines 17b and 17c.

7b If you checked "Yes" on line 17a, give applicant's legal name and trade name shown on prior application, if different from line 1 or 2 above.

Legal name ►

Trade name ►

7c Approximate date when and city and state where the application was filed. Enter previous employer identification number if known.

Approximate date when filed (mo., day, year)

City and State where filed

Previous EIN

Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.

Business telephone number  
(include area code)

305-446-4006

Fax telephone number (include area code)

305-567-0564

Name and title (Please type or print clearly.) ► JOAQUIN R. MEMBIELA SEC. - TREAS.

Signature ► *Joaquin Membiel*

Date ► MAY 5, 1999

Note: Do not write below this line. For official use only.

Please leave

Geo.

Ind.

Class

Size

Reason for applying

Blank

or Paperwork Reduction Act Notice, see page 4.

Form **SS-4** (Rev. 2-98)