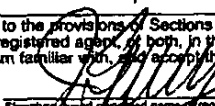


FILED

Jul 28, 1999 8:00 am
Secretary of State

07-28-1999 90013 041 ***158.75

PROFIT CORPORATION ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P980000-27797 1. Corporation Name LAS AMERICAS FROZEN FOOD CORP.			
Principal Place of Business 2181-N.W. 10th AVE. MIAMI, FLORIDA 33127		Mailing Address SAME	
2. Principal Place of Business 2181-N.W. 10th AVE.		2a. Mailing Address SAME	
Suite, Apt. #, etc. MIAMI, FLORIDA		Suite, Apt. #, etc. MIAMI, FLORIDA	
City & State MIAMI, FLORIDA		City & State MIAMI, FLORIDA	
Zip 33127		Country U.S.A.	
3. Date incorporated or Qualified 3-25-1998		4. FEI Number 65-084113	
5. Certificate of Status Desired ☒		Applied For ☐ Not Applicable	
6. Election Campaign Financing Trust Fund Contribution ☐		\$8.75 Additional Fee Required \$5.00 May Be Added to Fees	
7. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☒ No		8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☒ No	
9. Name and Address of Current Registered Agent JESUS GUERRA 6880-ABBOTT AVE. MIAMI BEACH, FL 33141		10. Name and Address of New Registered Agent JESUS GUERRA 1032-W. 47 CT. MIAMI BEACH, FL 33141	
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 		DATE 7-23-99	
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD.		1.1 TITLE PD.	
NAME JESUS GUERRA		1.2 NAME JESUS GUERRA	
STREET ADDRESS 6880-ABBOTT AVE.		1.3 STREET ADDRESS 1032-W. 47 CT.	
CITY-ST-ZIP MIAMI BEACH, FL 33141		1.4 CITY-ST-ZIP MIAMI BEACH, FL 33141	
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP		3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP		7.1 TITLE 7.2 NAME 7.3 STREET ADDRESS 7.4 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)