

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

0334045

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 29, 1999 8:00 am
Secretary of State

04-29-1999 90138 029 ***150.00

DOCUMENT # P98000050903

1. Corporation Name

TROIS RIVIERE FOODS INTERNATIONAL, INC.



Principal Place of Business
11528 WHISPER SOUND DR
BOCA RATON FL 33428

Mailing Address
11528 WHISPER SOUND DR
BOCA RATON FL 33428

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/04/1998

4. FEI Number

☒ 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 the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 2730 NE 48 STREET

Suite, Apt. #, etc.

27 City & State

28 Lighthouse Point, FL

29 Zip Country

30 33064

31 USA

9. Name and Address of Current Registered Agent

GUZMAN, GUILLERMO
2730 NE 48 STREET
LIGHTHOUSE POINT FL 33064

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DELETE	1.1 TITLE	MIC/D/S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		1.2 NAME	GUILLERMO GUZMAN
STREET ADDRESS		1.3 STREET ADDRESS	2730 NE 48 ST.
CITY-ST-ZIP		1.4 CITY-ST-ZIP	Lighthouse Point, FL 33064
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	PTD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	Harold Lee Rosbach
STREET ADDRESS		2.3 STREET ADDRESS	11528 Whisper Sound Dr.
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Boca Raton, FL 33428
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	JOE AMBROSINO
STREET ADDRESS		3.3 STREET ADDRESS	2118, DE BACCARAT, VIMONT
CITY-ST-ZIP		3.4 CITY-ST-ZIP	LAVAL (QC) H7M 5P3 CANADA
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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, with all other like empowered.

SIGNATURE:

GUILLERMO GUZMAN

4/21/99

Date

954-570-3464

Daytime Phone #

CR2E034 (1/98)