FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 MAY -1 PM 10:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S07842 (5)

1. Corporation Name

FOOD BROKERS OF SOUTH FLORIDA CORPORATION

Principal Place of Business	Mailing Address
3050 BISCAYNE BLVD SUITE 411 MIAMI FL 33137	3050 BISCAYNE BLVD SUITE 411 MIAMI FL 33137

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 10/22/1990
3a. Date of Last Report: 03/15/1994

2. Principal Place of Business	2a. Mailing Address
21 3051 N.E. 164 Street	26 3051 N.E. 164 Street
22 Suite, Apt. #, etc. N.Miami Beach, FL	27 Suite, Apt. #, etc. N.Miami Beach, FL
23 City & State N.Miami Beach, FL	28 City & State
24 Zip 33160 25 Country U.S.A.	29 Zip 33160 30 Country U.S.A.

4. FEI Number: 65-0223374 ☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
MIER, DAVID 3050 BISCAYNE BLVD SUITE 411 MIAMI FL 33137	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPT	1.1 TITLE	☐ Change ☐ Addition
NAME	MIER, DAVID	1.2 NAME	
STREET ADDRESS	3050 BISCAYNE BLVD, STE 511	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	
TITLE	DVS	2.1 TITLE	☐ Change ☐ Addition
NAME	ARANA, ANDRES	2.2 NAME	
STREET ADDRESS	3050 BISCAYNE BLVD, STE 511	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 receivor 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: _____ David Mier 4/22/95 (305)-945-0424
SIGNATURE REQUIRED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0144893 CP