

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



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

**FILED**  
Mar 19 1996 8:00 am  
Secretary of State

DOCUMENT # **S11399 (0)**

1. Corporation Name

**PALERMO'S WHOLESALE ITALIAN FOOD, INC.**



Principal Place of Business

Mailing Address

5860 MIAMI LAKES DR  
MIAMI LAKES FL 33014  
US

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MIAMI LAKES FL 33014  
US

3. Date Incorporated or Qualified <b>10/10/1990</b>	3a. Date of Last Report <b>04/03/1995</b>
4. FEI Number <b>65-0254314</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country
25. Country	30. Country

**9. Name and Address of Current Registered Agent**

**10. Name and Address of New Registered Agent**

~~REMOVED~~  
~~REMOVED~~  
~~REMOVED~~

81. Name <b>MANUEL P. GARCIA / PRES.</b>	85. Zip Code <b>FL 33014</b>
82. Street Address (P.O. Box Number is Not Acceptable) <b>5860 MIAMI LAKES DR.</b>	
83. City <b>MIAMI LAKES</b>	
84. City	

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 *Manuel P Garcia*

**3-7-96**

Signature (Typed or printed name of registered agent and file if applicable)

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS		DELETED
TITLE	<b>PS</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>MYERS, LAUREN</b>	
STREET ADDRESS	<b>5860 MIAMI LAKES DR</b>	
CITY-ST-ZIP	<b>MIAMI LAKES FL</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> DELETE
NAME	<b>WEISNER, JEFFREY M.</b>	
STREET ADDRESS	<b>5860 MIAMI LAKES DR</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE	<b>PRESIDENT</b>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
1.2 NAME	<b>MANUEL P. GARCIA</b>		
1.3 STREET ADDRESS	<b>5860 MIAMI LAKES DR.</b>		
1.4 CITY-ST-ZIP	<b>MIAMI LAKES, FL 33014</b>		
2.1 TITLE	<b>SECRETARY</b>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
2.2 NAME	<b>RODRO M. GARCIA</b>		
2.3 STREET ADDRESS	<b>5860 MIAMI LAKES DR.</b>		
2.4 CITY-ST-ZIP	<b>MIAMI FL 33014</b>		
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
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)(k), 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.

SIGNATURE: *Manuel P Garcia*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
*Manuel P Garcia / President*

**3-7-96** X **305-537-1213**  
Date Daytime Phone #

CR2E034 (12/95)