

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

PROFIT CORPORATION ANNUAL REPORT 1997



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

FILED  
Feb 10 1997 8:00 am  
Secretary of State

DOCUMENT # **S11399** (0)

1. Corporation Name  
**PALERMO'S WHOLESALE ITALIAN FOOD, INC.**



Principal Place of Business  
**5860 MIAMI LAKES DR  
MIAMI LAKES FL 33014  
US**

Mailing Address  
**5860 MIAMI LAKES DR  
MIAMI LAKES FL 33014-2402  
US**

3. Date Incorporated or Qualified **10/10/1990** 3a. Date of Last Report **03/19/1996**

4. FEI Number **65-0254314** 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

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 Zip Country

30

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

**GARCIA, MANUEL P  
5860 MIAMI LAKES DR.  
MIAMI LAKES FL 33014**

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

81 Name

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

83

84 City

85 Zip Code

**FL**

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**

TITLE  DELETE

NAME **P GARCIA, M P**

STREET ADDRESS **5860 MIAMI LAKES DR**

CITY - ST - ZIP **MIAMI LAKES FL**

TITLE  DELETE

NAME **VP WEISNER, JEFFREY M.**

STREET ADDRESS **5860 MIAMI LAKES DR**

CITY - ST - ZIP **MIAMI FL**

TITLE  DELETE

NAME **S GARCIA, PEDRO M**

STREET ADDRESS **5860 MIAMI LAKES DR**

CITY - ST - ZIP **MIAMI FL**

TITLE  DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE  DELETE

NAME

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

2.1 TITLE  Change  Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE  Change  Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE  Change  Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE  Change  Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE  Change  Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

14. I do 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.

SIGNATURE: *Sandra B. Mortham* **2/4/97** **305-557-1213**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)