

FILE NOW: FILING FEE AFTER MAY 1 IS \$25.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # S23497 (8)

1. Corporation Name
MIAMI RIVERFOOD COMPANY



Principal Place of Business: **400 NW NORTH RIVER DR MIAMI FL 33128**
 Mailing Address: **400 NW NORTH RIVER DR MIAMI FL 33128**

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-29) fields.

3. Date incorporated or Qualified: **01/08/1991**
 3a. Date of Last Report: **06/23/1995**
 4. FEI Number: **65-0240630**
 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
ALFONZO, ALEXSANDRA BARBARA
400 NW NORTH RIVER DR
MIAMI FL 33128

10. Name and Address of New Registered Agent (81-84) fields.

11. Pursuant to the provisions of Sections 607.0902 and 607.1506, Florida Statutes, I, the undersigned, hereby accept the appointment as registered agent of the corporation's board of directors. I further accept the obligations of Section 607.0905, Florida Statutes.

SIGNATURE: _____ DATE: _____

12. OFFICERS AND DIRECTORS		1. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	STD	1. TITLE	
NAME	ALFONZO, ALEXSANDRA B.	1. NAME	
STREET ADDRESS	130 SW 26TH ROAD	1. STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL	1. CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	PD	2. TITLE	
NAME	ALFONZO, FRANCIA LOURDES	2. NAME	
STREET ADDRESS	130 SW 26TH ROAD	2. STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL	2. CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		3. TITLE	
NAME		3. NAME	
STREET ADDRESS		3. STREET ADDRESS	
CITY - ST - ZIP		3. CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		4. TITLE	
NAME		4. NAME	
STREET ADDRESS		4. STREET ADDRESS	
CITY - ST - ZIP		4. CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		5. TITLE	
NAME		5. NAME	
STREET ADDRESS		5. STREET ADDRESS	
CITY - ST - ZIP		5. CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		6. TITLE	
NAME		6. NAME	
STREET ADDRESS		6. STREET ADDRESS	
CITY - ST - ZIP		6. CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Francia L. Alfonso* **Francia L. Alfonso**
 DATE: **04/20/97** **305/358-0177**

CR2E034 (12/95)