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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT #

1. Corporation Name

SIGNATURE:

S27499

(0)

LA BOINA ROJA FOODS, INC.									
Principal Place o	of Business	Mailing Address					O 1811 BIDIL DIDA		
8169 NORTHWEST 74TH AVENUE MEDLEY FL 33168		8169 NORTHWEST 74TH AVENUE MEDLEY FL 33166							
						3. Date Incorporated or Qualified 01/28/1991	3a. Date 08	of Last R /04/19	•
2. Principal Plac	ce of Business	2a. Mailing Address				4. FEI Number			Applied For
1		26				65-0242140			Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired			Additional Required	
City & State		City & State				6. Election Campaign Financing		\$5.0	0 May Be
3		28				Trust Fund Contribution			d to Fees
Zip ⊃	Country	Zip	h	untry		8. This corporation has liability for Florida Statutes	intangible ta: : □ No	cunder s	199.032,
1	25 9. Name and Address of Curren	1 Registered Agent	30	Τ		10. Name and Address of New I		gent	
	5. Haile and Address of Current	t riegisteres Agont		81	Name				
AI EREN	O, RESTREPO				Street Address (P.O. Box Number is Not Acceptable)				
	N. 74TH AVENUE					355 (F.O. DON NUMBER 15 NOT ACCEPTABILITY			
MEDLEY	FL 33166			83					
				84	City	······································	FL	85 Zı	p Code
or registere	o the provisions of Sections 607.0502 ad agent, or both, in the State of Floric h, and accept the obligations of, Sect	da. Such change was authoriz	ed by the c	ove-na corpor	med corpora ation's board	ation submits this statement for the pu d of directors. I hereby accept the app	irpose of cha pointment as	nging its registered	registered office 1 agent. I am
CICNIATURE									
	Signature, typed or printed name of registered agent			d Agent s	signature required		DATE	DIDECTO	ODC IN 12
2.	OFFICERS ANI	D DIRECTORS	13.		signature required	when reinstating: ADDITIONS/CHANGES TO OFF	ICERS AND		
1 2.	OFFICERS AND		13.	TITLE	signatura required		ICERS AND	DIRECTO Change	DRS IN 12
2. ITLE IAME	OFFICERS ANI PST RESTREPO, ALFREDO	D DIRECTORS	13. 1 1 T 1.2 N/	TITLE			ICERS AND		
IZ. IILE NAME STHEET ADDRESS	PST RESTREPO, ALFREDO 6449 WEST 9TH AVENUE	D DIRECTORS	13. 1 1 T 1.2 N/ 1.3 SI	TITLE NAME STREET A	DORESS		ICERS AND		
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TILE NAME STHEET ADDRESS CITY - ST - ZIP	PST RESTREPO, ALFREDO 6449 WEST 9TH AVENUE HIALEAH FL D	D DIRECTORS DELETE	13. 1 1 T 12 N/ 13 SI 14 CI	TITLE NAME STREET A CITY - ST-	DORESS		FICERS AND] Change	Addition
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OFFISER OR DIRECTO

0/24/96 (305)887:2217.