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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S39612

(4)

SOUTH FOODS, INC.

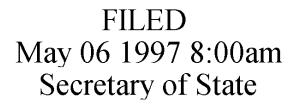
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Principal Place of Business

Mailing Address

\$425 N.W. 24TH ST. BAY 204 5425 N.W. 24TH ST. BAY 204

BAY 204 MARGATE FL 33063-7731





	33063			PL 33063-7731				l .			
								3. Date incorporated or Qualified 03/18/1991		e of Las 6/199 6	
	Place of Busine	ess	2a. Mailing	Address				4. FEI Number			Applied For
21				·				65-0246909			Not Applicable
Suite, Apt.				Suite, Apt #, etc.				5. Certificate of Status Desired			5 Additional Required
City & Sta	te		City & 28	State				Election Campaign Financing Trust Fund Contribution			00 May Be ed to Fees
Zip 24	2	Country 25	<i>Ζ</i> φ 29		30 Cour	ntry		This corporation has liability for in Florida Statutes	- · -	tax unde] No	r s. 199.032,
	9, Name s	ind Address of Curr	ent Registered A	gent				10. Name and Address of New Re	gistered A	gent	
	NIER, FRANC					81	Name				
	O N.W. 66TH RGATE FL 3:			82 Street Add			Street Addr	ess (P.O. Box Number is Not Acceptab	ole)		
	TOTAL TE OF	,,,,,,			ţ	83					
					-	84	City	, or 1 to 1	FL	85 Z	ip Code
11. Pursuant	to the provision	ons of Sections 607.0	502 and 607.1508 tle of Horida Suc	. Florida Statu Li change was	tes, the ab	ove d by	riamed corp	oration submits this statement for the pion's board of directors. I hereby acception	ourpose of	changin/ pintment	g its registered
agent. I a	am familiar wit	n, and accept the obl	igations of, Section	n 607.0505, Fi	lorida Stati	utes		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	- t a t a sala la a		
SIGNATURE	Signature, typed o	r printed name of registered (agent and take 4 applical	ile (NO	H : Registe∗ed	i Ager	nt signalure requir	ed when reinstaling)	DATE		
12.		OFFICERS A	ND DIRECTORS		13.			ADDITIONS/CHANGES TO OFFIC			
TITLE	D			DEFETE	1.1 10	LE				Chang	e 🔲 Addition
NAME	VANIER, F				1.2 NA	ME					
STREET ADDRESS		. 68TH AVE.			13\$1	ACET A	ADDRESS				
CITY-ST-ZIP		P-1									
MIT-SI-ZIF	MARGATE	r <u>L</u>			1.4.011	1Y-\$1	-782				
TITLE	MARIGATE	rL		DELFTE	1.4 C/1 2.1 T/1		- 7iP			Chang	e Addition
	MANGATO	<u>FL</u>	· · · · · · · · · · · · · · · · · · ·	DELFIE		Lŧ	-7iP			Chang	e Addition
TITLE	MANGATE	PL		DELF1E	2.1 TIT 2.2 NA	ILE ME	ADORESS			Chang	e Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	MARGATO	FL			2.1 TIT 2.2 NA 2.3 STI 2.4 CI	TLE ME REET : TLY-S	ADORESS				
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14. For hereby certify that the information supplied with first limit closs not quality for the exemption stated in Section 119.0(3)(i). Florida Statutes: Fluther 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.

CIGNATURE:

I for a series of the

04-20-97

064-960-2174