

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

DOCUMENT # S39799

(9)

1. Corporation Name

MEAT AND SOAP, INC.



Principal Place of Business

4700 ALTON RD.
MIAMI BCH. FL 33140

Mailing Address

4700 ALTON RD
MIAMI BCH. FL 33140
US

3. Date Incorporated or Qualified

03/18/1991

3a. Date of Last Report

03/08/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FED Number

65-0262196

Applied For

Not Applicable

22

27

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

23

28

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

24

29

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DIAZ, PLACIDO
4700 ALTON RD.
MIAMI BCH. FL 33140

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0602 and 607.1504, 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 607.0605, Florida Statutes.

SIGNATURE

Signature of Registered Agent or Director

Signature of Registered Agent or Director

DATE

12. OFFICERS AND DIRECTORS

1. TITLE	D	☐ DELETE
NAME	DIAZ, ADOLFINA	
STREET ADDRESS	4700 ALTON RD.	
CITY, ST, ZIP	MIAMI BCH. FL	
2. TITLE	PD	☐ DELETE
NAME	DIAZ, PLACIDO	
STREET ADDRESS	4700 ALTON RD.	
CITY, ST, ZIP	MIAMI BCH. FL	
3. TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
4. TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
5. TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
2. TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
3. TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
4. TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
5. TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
6. TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

14. I hereby certify that the information supplied in 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 changing) or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-26-96

CR2E034 (12/95)