

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 # V08242 (2)

1. Corporation Name

AMERICAN FOOD MANUFACTURING CORP.

Principal Place of Business

**1781 W. 32ND PLACE
HIALEAH FL 33012
US**

Mailing Address

**P.O. BOX 2842
HIALEAH FL 33012
US**



3. Date Incorporated or Qualified
01/21/1992

3a. Date of Last Report
04/18/1995

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

2a. Mailing Address

26 **P.O. BOX 52-4183**

27 Suite, Apt. #, etc.

28 **MIAMI, FL**

29 Zip Country

33152-4183

30

4. FEI Number

65-0360762

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

9. Name and Address of Current Registered Agent

**JUAN C. RIVERO
7335 N.W. 31TH STREET
MIAMI FL 33122-1240**

10. Name and Address of New Registered Agent

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 607.0502 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **CTD** ☐ DELETE
NAME **RIVERO, JORGE H.**
STREET ADDRESS **CLUB ATLANTIS-2555 COLLINS AVE., #2406**
CITY-ST-ZIP **MIAMI BEACH FL**

TITLE **VD** ☒ DELETE
NAME **ESTANISLAU, JOHN**
STREET ADDRESS **10900 SW 141ST AVE.**
CITY-ST-ZIP **MIAMI FL 33186**

TITLE **VD** ☒ DELETE
NAME **ESTANISLAU, MARIA DA GLORI**
STREET ADDRESS **10900 SW 141ST AVE**
CITY-ST-ZIP **MIAMI FL 33186**

TITLE **PSD** ☐ DELETE
NAME **RIVERO, JUAN CARLOS**
STREET ADDRESS **433 W 45TH PLACE**
CITY-ST-ZIP **MIAMI FL 33186**

TITLE **VD** ☐ DELETE
NAME **RIVERO, JORGE H. JR.**
STREET ADDRESS **CLUB ATLANTIS-2555 COLLINS AVE., #2406**
CITY-ST-ZIP **MIAMI BEACH FL**

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 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:

Juan Carlos Rivero

JUAN CARLOS RIVERO

04/10/96

(305) 884-1420

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)