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PROFIT CORPORATION
 ANNUAL REPORT
 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **V08242**

1. Corporation Name
AMERICAN FOOD MANUFACTURING CORP.



| | |
|---|--|
| Principal Place of Business 1781 W. 32ND PLACE HIALEAH FL 33012 US | Mailing Address P.O. BOX 52-4183 MIAMI FL 33152-4183 US |
|---|--|

DO NOT WRITE IN THIS SPACE

| | |
|--|--|
| 2. Principal Place of Business 21 7335 N.W. 31ST. Suite, Apt. #, etc. | 2a. Mailing Address 26 Suite, Apt. #, etc. |
| 22 City & State 23 MIAMI - FL. | 27 City & State 28 |
| Zip 24 33122-1240 | Country 25 U.S.A. |
| 29 | 30 |

| | |
|---|---------------------------------------|
| 3. Date Incorporated or Qualified 01/21/1992 | Applied For Not Applicable |
| 4. FEI Number 65-0360762 | |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 8. This corporation owes the current year intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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 _____ (NOT: Registered Agent signature required when reinstating) _____ DATE _____
 Signature, typed or printed name of registered agent and title if applicable.

12. OFFICERS AND DIRECTORS

| | | |
|----------------|---------------------------------------|---------------------------------|
| TITLE | CTD | <input type="checkbox"/> DELETE |
| NAME | RIVERO, JORGE H. | |
| STREET ADDRESS | CLUB ATLANTIS-2555 COLLINS AVE.,#2406 | |
| CITY-ST-ZIP | MIAMI BEACH FL 33140 | |
| TITLE | PSD | <input type="checkbox"/> DELETE |
| NAME | RIVERO, JUAN CARLOS | |
| STREET ADDRESS | 433 W 45TH PLACE | |
| CITY-ST-ZIP | HIALEAH FL 33012 | |
| TITLE | VD | <input type="checkbox"/> DELETE |
| NAME | RIVERO, JORGE H. JR. | |
| STREET ADDRESS | CLUB ATLANTIS 2555 COLLINS AVE 2206 | |
| CITY-ST-ZIP | MIAMI BEACH FL 33140 | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|-------------------|---|
| 11 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12 NAME | |
| 13 STREET ADDRESS | |
| 14 CITY-ST-ZIP | |
| 21 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 22 NAME | |
| 23 STREET ADDRESS | |
| 24 CITY-ST-ZIP | |
| 31 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 32 NAME | |
| 33 STREET ADDRESS | |
| 34 CITY-ST-ZIP | |
| 41 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 42 NAME | |
| 43 STREET ADDRESS | |
| 44 CITY-ST-ZIP | |
| 51 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 52 NAME | |
| 53 STREET ADDRESS | |
| 54 CITY-ST-ZIP | |
| 61 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 62 NAME | |
| 63 STREET ADDRESS | |
| 64 CITY-ST-ZIP | |

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.073(i), 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, with a holder like empowered.

SIGNATURE: Juan C. Rivero **JUAN C. RIVERO** 04-20-99 305-477-1600
 Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (11/98)