Apr 27, 1999 8:00 am Secretary of State

04-27-1999 90014 019 ***150.00

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Kathe ine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # V08242

1. Corporation Name

AMERICAN FOOD MANUEACTURING CORP

MAIFLLIO	AN TOOD WAND ACTORNA	3 00111 -				
Principal Place of Business		Mailing Address				## ### ### ### ### ### ###
1781 W. 32ND PLACE HIALEAH FL 33012		P.O. BOX 52-4183 Miami FL 33152-4183				
US US		US			DO NOT WRITE IN THIS SPACE	
					3. Date incorporated or Qualifed	
					01/21/1992	
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Ni mber	Apr lied For
21 73 35	N.W. 315T.	26			65-0360762	Not Applicable
Suite, Act.		Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 A ditional Fee Required
City & State	e	City & State			6. Election Campaign Financing	\$5.00 May Be
23 HIAMI - FL.		28			Trust Fund Contribution	Added to Fees
Zip	Cour try	Zip	Count	try	8. This corporation owes the current y	rear ntangible
24 33/2/2	2.124025 U.S.A.	29	30		Persor al Property Tax.	Yes I∃No
	9. Name and Address of Current				10. Name and Address of New Regis	stered Agent
			8	Name		
	n C. Rivero			32 Street Acc	dress (P.O. Box Number is Not Acceptable)	
7335 N.W. 31TH STREET				SZ SILEEL ALL	uress (F.O. Box Number is Not Acceptable)	
-, MIAN	MI FL 33122-1240		1	33		
			 -			
			} {	34 City		FL 85 Zip Code
11. Pursuant to the provisions of Sc ctions 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 circutors. 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. (NOT: Registered Agent signature required when reinstating) DATE						
12.	Signature, typed or printed na ne of registered agen OFFICERS AN		13.	gen aignature requi	ADDITIONS/CHANGES TO OFFICE	
TITLE	CTD	DELETE	11 TITU			☐ Change ☐ Addition
NAME	RIVERO, JORGE H.		12 NAM			
STREET ADDRESS	CLUB ATLANTIS-2555 COLLINS	3 AVF #2406		EET ADDRESS		
	MIAMI BEACH FL 33140	J AVE.,#2100		-ST-ZIP		
CITY-ST-ZIP TITLE	PSD	DELETE	2.1 TITL			Change Addition
i	RIVERO, JUAN CARLOS		2.2 NAM			
NAME	433 W 45TH PLACE		1	EET ADDRESS		
STREET ADDRE 3S	HIALEAH FL 33012		4	Y-ST-ZIP		ł
CITY-ST-ZIP TITLE	VD	□ DELETE	2.4 CIT			Change Addition
	RIVERO, JORGE H. JR.	<u></u>	3 2 NAM			
NAME	CLUB ATLANTIS 2555 COLLIN	S VVE SOUR	H ****	EET ADDRESS		
STREET ADDRE 3S		D AVE ZEUU				
CITY-ST-ZIP	MIAMI BEACH FL 33140	DELETE	4.1 TITL	r-st-zip		Change Addition
TITLE		_ 555576				
NAME			4. 2 NAM	EET ADDRESS		
STREET ADDRE 3S						
CITY-ST-ZIP	<u> </u>	DELETE	4.4 CFTY	- ST-ZIP		Change Addition
TITLE		_ Dutell	5.1 IIIL	1		
NAME				EET ADDRESS		
STREET ADDRESS				-ST-ZIP		
CITY-ST-ZIP		□ DELETE	6.1 TITL			Change Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07 3)(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 lighter than the information of the corporation or the receiver or trustee empowered.

62 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ DELETE

SIGNATURE:

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

VILL C. RIVERD 04-20-99 30V-477-1600