2000 UNIFORM BUSINESS REPORT (UBR)

FILED Apr 21, 2000 8:00 am Secretary of State **DOCUMENT # V08242** 1. Entity Name AMERICAN FOOD MANUFACTURING CORP. 04-21-2000 90181 031 ***150.00 Mailing Address Principal Place of Business 7335 N.W. 31ST STREET P.O. BOX 52-4183 MIAMI FL 33122-1240 MIAMI FL 33152-4183 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0360762 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Juan C. Rivero Street Address (P.O. Box Number is Not Acceptable) 7335 N.W. 31TH STREET MIAMI FL 33122-1240 Zip Code City 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing After MAY 1, 2000 Fee will be \$550.00 Tax filling requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. CTD ☐ Change Addition TITLE ☐ Delete TITLE RIVERO, JORGE H. NAME NAME CLUB ATLANTIS-2555 COLLINS AVE., #2406 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI BEACH FL 33140 Addition **PSD** ☐ Change ☐ Delete TITLE TITLE RIVERO, JUAN CARLOS NAME NAME 433 W 45TH PLACE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP · CITY-ST-ZIP HIALEAH FL 33012 ☐ Change ☐ Addition ☐ Delete TITI F RIVERO, JORGE H. JR. NAME STREET ADDRESS STREET ADDRESS CLUB ATLANTIS 2555 COLLINS AVE 2206 CITY-ST-ZIP CITY-ST-ZIP MIAMI BEACH FL 33140 Change Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR SIGNATURE

STREET ADDRESS

CITY-ST-ZIP

4-14-00 305-47

CR2E034 (9/99)