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DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **V10942** (3)

1. Corporation Name

ROPA FOOD DISTRIBUTORS, INC.

Principal Place of Business

**6231 SW 8TH PLACE
NORTH LAUDERDALE FL 33068**

Mailing Address

**6231 SW 8TH PLACE
NORTH LAUDERDALE FL 33068**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/03/1992

3a. Date of Last Report

05/01/1994

4. FEI Number

65-0310064

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

2. Principal Place of Business

21. State, Apt. #, etc.

22. City & State

23. Zip

24. Country

2a. Mailing Address

26. State, Apt. #, etc.

27. City & State

28. Zip

29. Country

9. Name and Address of Current Registered Agent

**CAPITAL CONNECTION, INC.
417 E. VIRGINIA STREET
SUITE 1
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent

81. Name

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

83. City

84. State

85. Zip Code

FL

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. Thereby record the appointment as registered agent. I am familiar with and accept the obligations of Sections 607.0505, Florida Statutes.

SIGNATURE

Signature of Registered Agent (must be printed in full)

Signature of Agent (must be printed in full)

ATTEST

12. OFFICERS AND DIRECTORS

12.1 NAME

12.2 STREET ADDRESS

12.3 CITY & STATE

12.4 ZIP

12.5 NAME

12.6 STREET ADDRESS

12.7 CITY & STATE

12.8 ZIP

12.9 NAME

12.10 STREET ADDRESS

12.11 CITY & STATE

12.12 ZIP

12.13 NAME

12.14 STREET ADDRESS

12.15 CITY & STATE

12.16 ZIP

12.17 NAME

12.18 STREET ADDRESS

12.19 CITY & STATE

12.20 ZIP

12.21 NAME

12.22 STREET ADDRESS

12.23 CITY & STATE

12.24 ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IF:

13.1 NAME

13.2 STREET ADDRESS

13.3 CITY & STATE

13.4 ZIP

13.5 NAME

13.6 STREET ADDRESS

13.7 CITY & STATE

13.8 ZIP

13.9 NAME

13.10 STREET ADDRESS

13.11 CITY & STATE

13.12 ZIP

13.13 NAME

13.14 STREET ADDRESS

13.15 CITY & STATE

13.16 ZIP

13.17 NAME

13.18 STREET ADDRESS

13.19 CITY & STATE

13.20 ZIP

13.21 NAME

13.22 STREET ADDRESS

13.23 CITY & STATE

13.24 ZIP

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and that it is true and correct, and that my signature shall have the same legal effect as it would 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 127, Florida Statutes, and that my name appears in the filing of this report as required by its address.

SIGNATURE:

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

4/25/95 305
8212