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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V10942

(3)

ROPA FOOD DISTRIBUTORS, INC.

FILED May 12 1997 8:00am Secretary of State

Principal Place of Business 8231 SW 6TH PLACE NORTH LAUDERDALE FL 33068	Mailing Address 6231 SW 6TH PLACE NORTH LAUDERDALE FL	33068-2707		
				Date of Last Report 05/01/1996
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21 431 SW 8 Suite, Apt. #, etc.	Suite, Apt #, etc.		65-0310064	Not Applicable \$8.75 Additional
22	27		5. Certificate of Status Desired	Fee Required
City & State	City & State		6. Election Campaign Financing	\$5.00 May Be
7(p) Country	28) Zip	Country	Trust Fund Contribution	Added to Fees
24 33068 25 BROWAN		30	8. This corporation has liability for intant	gibre tax under s. 199.032, s
9. Name and Address of Curr			10. Name and Address of New Registe	red Agent
RUDNER, LANA		81 Name		
6231 S.W. 8TH PL.		82 Street Add	dress (P.O. Box Number is Not Acceptable)	
NORTH LAUDERDALE FL 33068		83		
		84 City		FL 85 Zip Code
11. Pursuant to the provisions of Sections 607.0 office or registered agent, or both, in the Stagent I am faighter with, and accept the oblined Signature. Special printed name of registered.	Igations of, Section 607.0505, F LAWK 20 agent and title if applicable (NO	lorida Statutes. 10 / 2 / V ITE: Rogislered Agent signature req	uired when reinstating) D/	4/28/97
12. OFFICERS A	ND DIRECTORS DELETE	13.	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12 Change Addition
NAME RUDNER, LANA	mand - maxiv	1	PAUL RUDNER	
STREET ADDRESS 6231 SW 8TH PLACE		1.3 STREET ADDRESS	6231 SW & PL	
CITY-ST-ZIP NORTH LAUDERDALE FL	,		NORTH LAYBERDALE	, FL 33068
THE	DELETE	2.1 TITLE		Change
NAME STREET ADDRESS		2.2 NAME 2.3 STREET ADDRESS		
CHY-SI-2P		2. 4 City-ST-ZiP		7.4.5
10°CF	DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME.		3.2 NAME		
STREET ADDRESS		3 3 STREEY ADDRESS		
THE STATE	DELETE	3.4. CITY-ST-ZIP 4.1 TITLE		Change Addition
NAME		4. 2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
C-1Y - S1 - 2tP	T Ariter	4.4 CITY-ST-ZIP		Channa T 142
TITLE NAME	☐ DELETE	5.1 TITLE 5.2 NAME	· •	Change Addition
STREET ADDRESS		5.3 STREET ADDRESS		l
CHY-\$1-26		5.4 City-St-Zip		
TITLE	☐ DELETE	6.1 TITLE		Change Addition
NAME		6.2 NAME		i
STHEET ADDRESS		6.3 STREET ADDRESS	•	
City-St-ZiP	liad with this filing dose not aug	6.4 CiTY-ST-ZIP	ed in Section 119.07(3)(i). Florida Statutes, I f	uther partify that the

1. I do 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.

SIGNATURE:

ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

128/92 2754