

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra D. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAY -1 PM 8:28

DOCUMENT # **V36403** (6)

1. Corporation Name
INTERFOOD TRADING CORP.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
6000 S DABELAND BLVD SUITE 204 MIAMI FL 33156	6000 S DABELAND BLVD SUITE 204 MIAMI FL 33156

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 05/15/1992	3a. Date of Last Report 05/01/1994
4. FEI Number 65-0335813	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
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 has liability for intangible tax under S. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 19713 BLACK OLIVE LANE	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State Boca Raton, FL	28 City & State
24 Zip 33498	25 Country
29 Zip	30 Country

B. Name and Address of Current Registered Agent

~~LOZANO, JUAN PABLO~~
~~6668 SW 115TH CT APT 308~~
~~MIAMI FL 33173~~

10. Name and Address of New Registered Agent

81 Name	LOZANO, JUAN PABLO
82 Street Address (P.O. Box Number is Not Acceptable)	19713 BLACK OLIVE LANE
83	
84 City	Boca Raton FL
85 Zip Code	33498

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 _____ (NOTE: Registered Agent signature required when reconstituting) _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	LOZANO, JUAN PABLO
STREET ADDRESS	6668 SW 115TH CT APT 308
CITY - ST - ZIP	MIAMI FL 33173
TITLE	STD
NAME	RESTREPO, MARCELA
STREET ADDRESS	6668 SW 115TH CT APT 308
CITY - ST - ZIP	MIAMI FL 33173
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	LOZANO, JUAN PABLO	
1.3 STREET ADDRESS	19713 BLACK OLIVE LANE	
1.4 CITY - ST - ZIP	Boca Raton, FL 33498	
2.1 TITLE	STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	LOZANO, MARCELA	
2.3 STREET ADDRESS	19713 BLACK OLIVE LANE	
2.4 CITY - ST - ZIP	Boca Raton, FL 33498	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 from my attachment with my address.

SIGNATURE: _____ (NOTE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) _____ DATE _____