FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **V37218** **(7)**

1. Corporation Name

NORTH'S BEST FOOD, INC.

Principal Place of Business

12955 NW 7TH AVE
MIAMI FL 33168

Mailing Address

12955 NW 7TH AVE
MIAMI FL 33168

2. Principal Place of Business
21 Street Address
22 City & State
23 Zip
24 County 25

2a. Mailing Address
26 Street Address
27 City & State
28 Zip
29 County 30

3. Date Incorporated or Qualified: **05/19/1992**

3a. Date of Last Report: **04/18/1995**

4. FEI Number: **65-0333503**

☐ 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. The corporation has liability for intangible tax under s. 199.032, Florida Statutes. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

ZALDIVAR, RICARDO
12955 NW 7TH AVE
MIAMI FL 33168

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Section 607.1005, 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 _____ DATE _____

12. OFFICERS AND DIRECTORS

Title: **DP**
Name: **ZALDIVAR, RICARDO**
Street Address: **12955 NW 7TH AVE**
City-St-Zip: **MIAMI FL**
☐ DELETE

Title: **ST**
Name: **ZALDIVAR, RICARDO**
Street Address: **12955 NW 7TH AVE**
City-St-Zip: **MIAMI FL**
☐ DELETE

Title
Name
Street Address
City-St-Zip
☐ DELETE

Title
Name
Street Address
City-St-Zip
☐ DELETE

Title
Name
Street Address
City-St-Zip
☐ DELETE

Title
Name
Street Address
City-St-Zip
☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

Title
Name
Street Address
City-St-Zip
☐ Change ☐ Addition

Title
Name
Street Address
City-St-Zip
☐ Change ☐ Addition

Title
Name
Street Address
City-St-Zip
☐ Change ☐ Addition

Title
Name
Street Address
City-St-Zip
☐ Change ☐ Addition

Title
Name
Street Address
City-St-Zip
☐ Change ☐ Addition

Title
Name
Street Address
City-St-Zip
☐ Change ☐ Addition

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)(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 12 or Block 13 with an indication for a change or addition.

SIGNATURE: _____ 3/1/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date

CR2E034 (12/95)