

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

FILED
Jun 19 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # 159707
 1. Corporation Name
ALFIS YOGURT INC.

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Principal Place of Business: **7149 SW 117 AVE MIAMI, FL, 33183**
 Mailing Address: **7149 SW 117 AVE MIAMI, FL, 33183**

3. Date Incorporated or Qualified: **8/1992** 3a. Date of Last Report: **1996**
 4. FLI Number: **65-0364445** 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: **7149 SW 117 AVE** 2a. Mailing Address: **7149 SW 117 AVE**
 Suite, Apt. #, etc.: **MIAMI, FL, 33183** Suite, Apt. #, etc.: **MIAMI, FL, 33183**
 City & State: **MIAMI, FL** City & State: **MIAMI, FL**
 Zip: **33183** Country: **DADE** Zip: **33183** Country: **DADE**

9. Name and Address of Current Registered Agent
EDGAR ALFONSO BARRIOS SOTO
14447 SW 97 ST, MIAMI
FL, 33186

10. Name and Address of New Registered Agent
 81 Name: _____
 82 Street Address (P.O. Box Number is Not Acceptable): _____
 83 _____
 84 City: _____ 85 Zip Code: **FL**

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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: **EDGAR A. BARRIOS** (NOTE: Registered Agent's signature required for reinstating) DATE: _____

12. OFFICERS AND DIRECTORS	
TITLE	PRESIDENT <input type="checkbox"/> DELETE
NAME	EDGAR ALFONSO BARRIOS
STREET ADDRESS	14447 SW 97 ST.
CITY-ST-ZIP	MIAMI, FL
TITLE	V PRESIDENT <input type="checkbox"/> DELETE
NAME	SARA MARIA BARRIOS
STREET ADDRESS	14447 SW 97 ST.
CITY-ST-ZIP	MIAMI, FL, 33186
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	300002218503-4
1.3 STREET ADDRESS	-06/20/97--01077--005
1.4 CITY-ST-ZIP	***165.00 ***165.00
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
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 does not qualify for the exemption stated in Section 119.07(3)(f), 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: **EDGAR A. BARRIOS** DATE: **6/11/97** (305) 595-6428

CR2E034 (9/96)