

**UNITED STATES BANKRUPTCY COURT
FOR THE DISTRICT OF DELAWARE**

PROOF OF CLAIM



s137368

Scheduled Claim Ref # 2-F2-24994

YOUR CLAIM IS SCHEDULED AS

\$18 270 00 UNSECURED

In re
Fleming Companies, Inc

Case Number
03-10945

NOTE This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A request for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.

Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.

Check box if you have never received any notices from the bankruptcy court in this case.

Check box if this address differs from the address on the envelope sent to you by the court.

The amounts reflected above constitute your claim as scheduled by the Debtor. If you agree with the amounts set forth herein and have no other claim against the Debtor, you do not need to file this proof of claim EXCEPT as stated below.

If the amounts shown above are listed as Contingent, Unliquidated or Disputed, a proof of claim must be filed. If you have already filed a proof of claim with the Bankruptcy Court or BMC, you do not need to file again.

Name of Creditor and Address

SURAM TRADING CORP
2655 LEJEUNE RD SUITE 1006
CORAL GABLES FL 33134

0354429434499

Creditor Telephone Number (305) **448-7165**

CREDITOR TAX ID #
59-2321419

ACCOUNT OR OTHER NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR

Check here if this claim replaces or amends a previously filed claim dated **7 2 03**

1 BASIS FOR CLAIM

Goods sold Personal injury/wrongful death Retiree benefits as defined in 11 U.S.C. § 1114(a)

Services performed Taxes Wages, salaries, and compensation (Fill out below)

Money loaned Other (describe briefly)

Your social security number _____
Unpaid compensation for services performed from _____ to _____
(date) (date)

2 DATE DEBT WAS INCURRED **3 IF COURT JUDGMENT, DATE OBTAINED**

4 TOTAL AMOUNT OF CLAIM AS OF PETITION DATE \$ 18 270 00 \$ _____ \$ _____ \$ _____
(unsecured) (secured) (unsecured priority) (total)

If all or part of your claim is secured or entitled to priority, also complete Item 5 or 6 below.
 Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.

5 SECURED CLAIM

Check this box if your claim is secured by collateral (including a right of setoff).

Brief description of collateral

Real Estate
 Motor Vehicle
 Other _____

Value of collateral \$ _____

Amount of arrearage and other charges at time case filed included in secured claim above if any \$ _____

6 UNSECURED PRIORITY CLAIM

Check this box if you have an unsecured priority claim.

Specify the priority of the claim

Wages, salaries, or commissions (up to \$4,650*) earned within 90 days before filing of the bankruptcy petition or cessation of the Debtor's business, whichever is earlier. 11 U.S.C. § 507(a)(3)

Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(4)

Up to \$2,100* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use. 11 U.S.C. § 507(a)(6)

Alimony, maintenance, or support owed to a spouse, former spouse, or child. 11 U.S.C. § 507(a)(7)

Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8)

Other. Specify applicable paragraph of 11 U.S.C. § 507(a) _____

Amounts are subject to adjustment on 4/1/01 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.

7 CREDITS The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim.

8 SUPPORTING DOCUMENTS Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary.

9 DATE-STAMPED COPY To receive an acknowledgment of your claim, please enclose a self-addressed stamped envelope and an additional copy of this proof of claim.

The original of this completed proof of claim form must be sent by mail or hand delivered (FAXES NOT ACCEPTED) so that it is received on or before 4:00 p.m., September 15, 2003, Pacific Daylight Time.

BY MAIL TO: Bankruptcy Management Corporation, P.O. BOX 900, El Segundo, CA 90245-0900

BY HAND OR OVERNIGHT DELIVERY TO: Bankruptcy Management Corporation, 1330 East Franklin Avenue, El Segundo, CA 90245

THIS SPACE FOR COURT USE ONLY

FILED

SEP 08 2003

BMC

DATE SIGNED
9 3 03

SIGN and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any).

Carmen M. [Signature]

Penalty for presenting fraudulent claim is a fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 AND 3571

See Other Side For Instructions



08829

UNITED STATES BANKRUPTCY COURT _____ DISTRICT OF <u>DELAWARE</u>		PROOF OF CLAIM
Name of Debtor <u>FLEMING</u>		Case Number <u>03-10945</u>
<p><small>NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A request for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 583.</small></p>		
Name of Creditor (The person or other entity to whom the debtor owes money or property) <u>SURAM TRADING CORP</u>		<input type="checkbox"/> Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars. <input checked="" type="checkbox"/> Check box if you have never received any notices from the bankruptcy court in this case. <input type="checkbox"/> Check box if the address differs from the address on the envelope sent to you by the court.
Name and address where notices should be sent <u>SURAM TRADING CORP</u> <u>C/O CARMEN ALTME</u> <u>2655 LEJEUNE ROAD SUITE 1006</u> <u>CORAL GABLES FL 33134</u> Telephone number: <u>(305) 448-7165</u>		
Account or other number by which creditor identifies debtor		Check here if this claim <input type="checkbox"/> replaces a previously filed claim dated _____ <input type="checkbox"/> amends
1 Basis for Claim <input checked="" type="checkbox"/> Goods sold <input type="checkbox"/> Services performed <input type="checkbox"/> Money loaned <input type="checkbox"/> Personal injury/wrongful death <input type="checkbox"/> Taxes <input type="checkbox"/> Other _____		<input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. § 1114(a) <input type="checkbox"/> Wages, salaries, and compensation (fill out below) Your SS # _____ Unpaid compensation for services performed from _____ (date) to _____ (date)
2 Date debt was incurred <u>3/6/03</u>		3 If court judgment, date obtained
4 Total Amount of Claim at Time Case Filed \$ <u>18,270.00</u> <small>If all or part of your claim is secured or entitled to priority, also complete Item 5 or 6 below.</small> <input type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.		
5 Secured Claim <input type="checkbox"/> Check this box if your claim is secured by collateral (including a right of setoff). Brief Description of Collateral: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other _____ Value of Collateral \$ _____ Amount of arrearage and other charges at time case filed included in secured claim, if any \$ _____		6 Unsecured Priority Claim <input type="checkbox"/> Check this box if you have an unsecured priority claim. Amount entitled to priority \$ _____ Specify the priority of the claim: <input type="checkbox"/> Wages, salaries, or commissions (up to \$4,650) * earned within 90 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier. 11 U.S.C. § 507(a)(3) <input type="checkbox"/> Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(4) <input type="checkbox"/> Up to \$2,100* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use. 11 U.S.C. § 507(i)(6) <input type="checkbox"/> Alimony, maintenance, or support owed to a spouse, former spouse, or child. 11 U.S.C. § 507(a)(7) <input type="checkbox"/> Taxes or penalties owed to governmental units. 11 U.S.C. § 507(i)(8) <input type="checkbox"/> Other. Specify applicable paragraph of 11 U.S.C. § 507(i)(____). <small>*Amounts are subject to adjustment on 4/1/04 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.</small>
7 Credits The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim. 8 Supporting Documents Attach copies of supporting documents such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary. 9 Date-Stamped Copy To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.		THIS SPACE IS FOR COURT USE ONLY <div style="border: 1px solid black; padding: 10px; width: fit-content; margin: auto;"> <p style="margin: 0;">FILED</p> <p style="margin: 0;">SEP 08 2003</p> <p style="margin: 0;">BMC</p> </div>
Date <u>7-2-03</u>	Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any). <u>Carmen M Altme, CONTROLLER</u>	
<small>Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571.</small>		



See check for return reason

03/25/2003

Acct Number 11219749

Bank 124

Advice Number 15

SURAM TRADING CORPORATION INC
C/O GABLES INTERNATIONAL PLAZA
2655 LE JEUNE RD STE 1006
CORAL GABLES FL 33134

EIP

Maker Acct. 6300036160
Seq. No. 265028774
Amount \$18 270 00



This advice contains 1 item(s) being returned to your account 11219749 for a total of \$18 270 00

Totals 1 \$18 270 00

⑈9999⑈9999⑈

⑈11219749⑈

⑈000000150⑈

THE FACE OF THIS DOCUMENT IS PRINTED IN BLUE AND RED INK



Box 26647 Oklahoma City OK 73126

TEXAS COMMERCE
SAN ANGELO, TX
RETURNED NOT PAID
BY 32-115

64-88/ 1113
23567370

No

MI

Date

Amount

03/18/03 \$*****18,270 00*

Pay

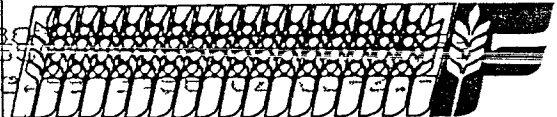
EIGHTEEN THOUSAND TWO HUNDRED SEVENTY DOLLARS AND NO/100

STOP PAYMENT
STALE DATED
NON NEGOTIABLE
BOGUS

⑈27342075⑈ 02 031903 0011219749

Pay To The Order Of

SURAM TRADING CORP
2655 LEJEUNE RD SUITE 1006
CORAL GABLES, FL 33134



Unique Character Facsimile Signature

⑈23567370⑈ ⑈11300880⑈06300036160⑈

⑈0001827000⑈



2655 LEJUNE RD SUITE 1006
 CORAL GABLES, FL 33147 USA
 TEL (305) 487-9657
 FAX (305) 457-7185 FAX (305) 444-8411

INVOICE NUMBER

03/06/03
 PURCHASE ORDER NUMBER

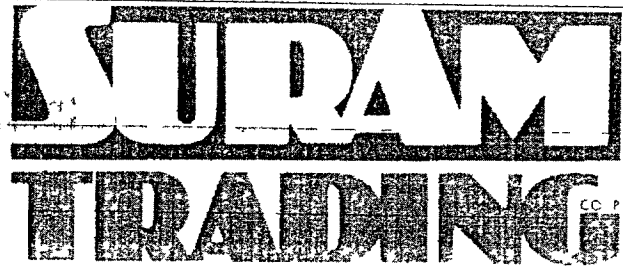
MEMARI
 DATE

03/06/03

TO
 FLEMING FOODS, INC.
 ATTN: RAMON VALLEY
 3555 NW 77 AVENUE
 MIAMI, FL 33122

TERMS	SALES	VIA	SHIPPING TERMS
30 Days	GA	S&S TRUCK	DELIVERED MIAMI, FLA

QUANTITY		DESCRIPTION	CODE	UNIT PRICE	AMOUNT
1,000 lbs	50 css 09-12	IDEAL FW IQF S/U	10X2 LB	6.20	6,200.00
100 lbs	5 css 16-20	ROYAL TIGER BT EZ PEEL	10X2 LB	6.25	625.00
3,600 lbs	150 css 41-50	CPM PK S/ON PK	6X4 LB	2.65	9,540.00
300 lbs	30 css 41-50	ROYAL TIGER --- T/ONCKD	5X2 LB	5.25	1,575.00
100 lbs	10 css 71-110	ROYAL TIGER BT T/OFFCK	5X2 LB	3.30	330.00
5,100 lbs	245 css				10,270.00



PRODUCT RETURN CLAUSE - PLEASE EXAMINE PRODUCT AS SOON AS POSSIBLE AFTER RECEIPT NO CLAIMS WILL BE ALLOWED AFTER 7 DAYS FROM DATE OF RECEIPT PRODUCT COOKED DEFROSTED OR OTHERWISE ALTERED FROM ORIGINAL STATE WILL NOT BE ACCEPTED

S & S LOGISTICS, INC

1110 W OAKLAND PARK BLVD #354
SUNRISE, FLORIDA 33351

Invoice

Date	Invoice #
3/18/2003	39581

Bill To	RECEIVED MAR 25 2003 BY _____
Suram Trading Corp 2655 Lejune Rd Suite 1006 Coral Gables, FL 33134	

Ship To
FLEMING FOODS MIAMI, FL <i>S203-372</i> <i>AR</i>

P O Number	Terms	Driver	Ship	FOB	Trip#	
K-MART	Due on receipt	JUL	3/6/2003	PPD	30316	
QTY	Description			Weight	Rate	Charges
150 245	CS FROZEN SHRIMP AS PER PREFERRED FREEZERS BILL OF LADING #4138829/4138874			5,100	0 035	178 50
PAID <u>CK 591 3 25 03</u>						
Thank you for your business					Total	\$178 50

OK
awa

PLEASE REFER TO OUR INVOICE NUMBER
IN ALL CORRESPONDENCE AND PAYMENTS

INVOICES OVER 30 DAYS WILL INCUR 1 5%
SURCHARGE

PREFERRED FREEZER SERVICES OF SOUTH FLORIDA, INC.

12855 N.W. 118th Ct. • Miami, FL 33178 • Tel. (305) 885-2200

Operations Fax: (305) 885-4595 • Office Fax: (305) 885-0094

FROM ACCOUNT OF:

CONSIGNEE TO:

SUPAM TRADING CO. INC.
12855 N.W. 118th Ct.
SUITE 100
MIAMI, FL 33178

FUCHING FOODS

4138829

Order Date: 03/06/07
Inst. Ord. No.:
PO Number: K1431

Shipped Date: 03/07/07
Freight Term: PPEPAID
Carrier: S & S 160151165

Item Code: Unit: 500 Description: Pallet, 17 Pallets: 17 Unit Wgt:

Order Remarks: 10 PALLETS TO EACH 170 PALLETS 10-20 CS EACH

Item Code	Unit	Description	Pallets	Unit Wgt	Total Wgt
005B	100 CS	✓ 11-50 5/20 PINK CHR. CFA	6241	28.00	
		3 11150 20 CS 7 1110	20 CS		
2464	100 CS	✓ 11-50 5/20 PINK S/P CFA	6241	28.00	
		3 0270 20 CS 3 0270 3 PA 3 011A	19 CS		
		3 0270 20 CS			

1 of 2 bills
[Signature]
3/6

Cart Units: 170 Total Weight: 4,790.00 lbs

REC'D BY

SHIPPED BY

BILL OF LADING

PREFERRED FREEZER SERVICES OF SOUTH FLORIDA, INC.

12855 N.W. 113th Ct. • Miami, FL 33178 • Tel. (305) 885-2200
Operations Fax: (305) 885-4595 • Office Fax: (305) 885-0094

39581

FROM ACCOUNT OF SHIPPER
SURFMASTER, INC.
6501 N. W. 113th ROAD
SUITE 1603
MIAMI, FL
33154

CONSIGNEE TO

MAILING FOOD

4138874

Order Date: 03/07/03
Ship Date: 03/07/03
Order Number: 4138874

Shipped Date: 03/07/03
Freight Term: PREPAID
Carrier: S & S LOGISTICS

Code	Unit	Description	Pallets in	Pallets out	Unit Qty
897	10 CS	8212 50 LB U BRP TCFE BR BOXES	1	1	22 00
027	10 CS	4100 120 CR SHR ROYAL TIC P 5 2	1	1	11 00
172	10 CS	1100 120 CR SHR ROYAL TIC P 5 2	1	1	22 00
179	10 CS	1110 120 CR SHR ROYAL TIC P 5 2	1	1	11 00

1000
300
100
100

2 of 2 Bills

[Handwritten signature]

3/6/03

MAINTAIN TEMPERATURE AT ZERO DEGREES FAHRENHEIT (MINUS 18 C) OR LOWER
PREFERRED FREEZER SERVICES OF SOUTH FLORIDA, INC

REC'D BY: *[Signature]*
SHIPPED BY: *[Signature]*