

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

**CORPORATION  
ANNUAL REPORT  
1995**



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

**APPROVED  
AND  
FILED**

**05 APR 27 AM 11:07**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # F9400000105 (6)**

1. Corporation Name

**WESTERN FOOD & BEVERAGE, INC.**

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
P.O. BOX 27357 SANTA ANA CA 92799	P.O. BOX 27357 SANTA ANA CA 92799

3. Date Incorporated or Qualified <b>01/07/1994</b>	3a. Date of Last Report
4. FEI Number <b>33-0519346</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
<b>WESTERN FOOD &amp; BEVERAGE, INC.</b>	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
<b>1100 W. WARNER AVE. SUITE 110</b>	
City & State	City & State
<b>SANTA ANA, CA</b>	
Zip	Country
<b>92704</b>	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
<b>SCHIAVONE, CARMINE 31 MCMILLAN STREET ST. AUGUSTINE FL 32095</b>		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		84 City	<b>FL</b> 85 Zip Code

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS	
TITLE	<b>P</b>
NAME	<b>FRASER, RICHARD</b>
STREET ADDRESS	<b>22162 LAGUNA CIRCLE</b>
CITY - ST - ZIP	<b>HUNTINGTON BEACH CA 92646</b>
TITLE	<b>ST</b>
NAME	<b>JANKOV, DUSAN</b>
STREET ADDRESS	<b>9407 JASMINE AVENUE</b>
CITY - ST - ZIP	<b>FOUNTAIN VALLEY CA 92708</b>
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
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 is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicates my 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: *Richard Fraser* **RICHARD FRASER** 714-755-0095  
SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR (Date) (System Place #)