AMOUNT DUE	OTICE: CORPORATION WILL BE DI ON OR BEFORE 9/17/97: \$550 (IF DISS PROFIT	OLVED, MINIMUM AMOUNT DU	E TO REINSTATE: \$750.)	APPROVED ANS.	(1)
CO	RPORATION UAL REPORT	FLORIDA DEPART Sandra B. Secretary DIVISION OF CO	Mortham A	98 NOV -4 AM 9:	4 2
1. Corporation		(8)	STE GIATIONS	SECRETARY OF STA	TE IIDA
	ORIENTAL FOODS INC	Mailing Address			
3699&1/2 GANI TAMPA FL 336	DY BLVD	369981/2 GANDY BLVD TAMPA FL 33611		DO NOT WRITE	E IN THIS SPACE
			·	3. Date Incorporated or Qualified 07/07/1969	3a. Date of Last Report 04/02/1996
21 4902	Place of Business W Tyson Avenue	2a. Mailing Address 26		4. FEI Number 59-1264226	Applied For Not Applicable
Suite, Apt	. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	S8.75 Additional Fee Required
City & Star	te a, Florida	City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24 3361	Country 1 25 Hillsborou	Zip 3	Country	This corporation owes or has particular personal Property Tax due June	aid the current year Intangible
HAC	9. Name and Address of Current	Registered Agent	81 Name	10. Name and Address of New Re	gistered Agent
Mashbu				burn, Robert W.	2(0)
TAMPA FL 33611 4902 v			ress (P.O. Box Number is Not Acceptal W Tyson Avenue	Jie)	
44 5	15 7 007 6500	1007 4500 51 11 01 4	84 City Tamp	a	FL 85 Zip Code 33611
11. Pursuant to the provisions of Sections 607,0502 and 607, 1503, 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	Signature, typed or printed name of registered agen	t and title if applicable. (NOTE.	Registered Agent signature requi	red when reinstating)	DATE
12.	OFFICERS AND	DIRECTORS DELETE	13.	ADDITIONS/CHANGES TO OFFICE	CERS AND DIRECTORS IN 12 Change Addition
TITLE NAME	MASHBURN, R.W.	T Defetit		P T D Mashburn, Robert W	A cridide T volum 4
STREET ADDRESS	2500 SHELL POINT PLACE		1.3 STREET ADDRESS	4902 W Tyson Avenue) 450 450
CITY-ST-ZIP	TAMPA FL	☐ DELETE	1.4 CITY - ST - ZIP 2.1 TITLE	Tampa FL 33611	Change Addition
NAME			2.2 NAME	SOOOOS	_ ,
STREET ADDRESS			2.3 STREET ADDRESS	-11/10/	5845359 98-01054-005
CITY-ST-ZIP TITLE		DELETE	2. 4 CITY-ST-ZIP 3.1 TITLE	*************************************	5.00 ****315.00 □ Change □ Addition
NAME		·	3.2 NAME		_
STREET ADORESS			3 3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	3.4. CITY-ST-ZIP 4.1 TITLE		Change Addition
N. ME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CBTY-ST-ZIP TITLE		☐ DELETE	4.4 CITY-ST-ZIP 5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS CITY-ST-ZIP			6.3 STREET ADDRESS		(-A)
14. I do hereby certify that the information supplied with this filling does not duality for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information inclicated on this amilial report or supplemental annual report is rive 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 exemptation or the receiver or trusted employeered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or block; 31 changed, or on an attachmental must be address.					
14. I do here	by certify that the information supplied on indicated on this armial report or su	with this filing does not qualify	6.4 CITY-ST-ZIP for the exemption states and accurate and that	d in Section 119.07(3)(i), Florida Statute	s. I further certify that the
14. I do here information I am an c appears	by certify that the information supplied on inclicated on this amual report or sufficer or director of the corporation or in Block 12 or Block 3 if changed, or	with this filing does not qualify upplemental annual report is in the receiver or trustre empower on an attachment with a address and attachment with a faddress and a faddress	6.4 CITY-ST-ZIP for the exemption states e and accurate and that ed to execute this repor- ess.	d in Section 119.07(3)(i), Florida Statute t my signature shall have the same lege rt as required by Chapter 607, Florida S	s. I further certify that the il effect as if made under cath; that statutes; and that my name
14. I do here informatic I am an c appears	URE:	with this filing does not qualify pplemental annual report is true the receiver or trustee employers an attachment with a address of the property with a different plant of signing oppices of the property was a property with a significant of the property was a property with the property was a prop	or the exemption stated and accurate and that red to execute this reported to execute this reported.	d in Section 119.07(3)(f), Florida Statute t my signature shall have the same lege rt as required by Chapter 607, Florida S ASHBURN 9/23/98	s. I further certify that the all effect as if made uniter certify that the statutes; and that my name