

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

APPROVED
AND
FILED

①

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

9798

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # 348978 (8)
1. Corporation Name
LAMAS ORIENTAL FOODS INC

Principal Place of Business
**3699&1/2 GANDY BLVD
TAMPA FL 33611**

Mailing Address
**3699&1/2 GANDY BLVD
TAMPA FL 33611**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 07/07/1969	3a. Date of Last Report 04/02/1996
4. FEI Number 59-1264226	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 4902 W Tyson Avenue	2a. Mailing Address 26 SAME
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Tampa, Florida	City & State 28
Zip 24 33611	Country 25 Hillsborough
Country 29	Zip 30

9. Name and Address of Current Registered Agent

**MASHBURN, ROBERT W
3699&1/2 GANDY BLVD
TAMPA FL 33611**

10. Name and Address of New Registered Agent

81 Name Mashburn, Robert W.
82 Street Address (P.O. Box Number is Not Acceptable) 4902 W Tyson Avenue
83
84 City Tampa
85 Zip Code FL 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 agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PTD	<input type="checkbox"/> DELETE
NAME MASHBURN, R.W.	
STREET ADDRESS 2500 SHELL POINT PLACE	
CITY-ST-ZIP TAMPA FL	
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	
TITLE <input type="checkbox"/> DELETE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P T D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME Mashburn, Robert W	
1.3 STREET ADDRESS 4902 W Tyson Avenue	
1.4 CITY-ST-ZIP Tampa FL 33611	
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:

SIGNATURE REQUIRED
ROBERT W MASHBURN

9/23/98

Date

Daytime Phone # 0122180

CR2E034 (4/97)