**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State . DIVISION OF CORPORATIONS

## DOCUMENT # 348978 1. Corporation Name

## **FILED** Jan 27, 1999 8:00am **Secretary of State**

01-27-1999 90042 002 \*\*\*150.00

LAMAS (	ORIENTAL FOODS INC					
						<u> </u>
Principal Place	e of Business	Mailing Address			•	
4902 W. TYSO!		4902 W. TYSON AVE.				
TAMPA FL 3361†		TAMPA FL 33611		DO NOT WRITE IN THIS SPACE		
	•				3. Date Incorporated or Qualifed	
·					07/07/1969	
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number	Applied For
21		26			59-1264226	Not Applicable_
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional
22		27				Fee Required
City & Stat	•	City & State			6. Election Campaign Financing	\$5.00 May Be Added to Fees
Zip Country		Zip Country		Trust Fund Contribution  8. This corporation owes the current ye		
Zip	25	29 34	_ ·		Personal Property Tax.	¥Yes □No
24	9. Name and Address of Current		<u>,                                     </u>		10. Name and Address of New Regist	ered Agent
-40			81	Name		
MAS	HBURN, ROBERT W		82	Street Add	Iress (P.O. Box Number is Not Acceptable)	- · · · · · · · · · · · · · · · · · · ·
	W. TYSON AVE		02	Silect Add	mess (1.0. box reamber to receptable)	
TAM	PA FL 33611		83			· 公司和政策 [1]
			84	City	4 7 M S 42 S 41 6	85 Zip Code
ACCINITY OF THE	at NI: "	. a ter				FL
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 a	im familiar with, and accept the obligation	ons of, Section 607.0505, Florid	a Statutes	i.		···
SIGNATURE					DA DA	πε
12.	Signature, typed or printed name of registered agent OFFICERS AND		13.	nt signature require	ed when reinstating) DA ADDITIONS/CHANGES TO OFFICE	
TITLE	PTD	DELETE	1.1 TITLE		1/81	Change Addition
NAME .	MASHBURN, ROBERT W	•	1.2 NAME		/ · \$ <sub>1</sub> · 1	•
STREET ADDRESS	4902 W. TYSON AVE.		1.3 STREE	T ADDRESS		
CITY-ST-ZIP	TAMPA FL 33611	•	1.4 CITY-S	IT-ZIP	·	
TITLE			2.1 TITLE			Change Addition
NAME	2.2 N		2.2 NAME			İ
STREET ADDRESS			2.3 STREE	TADORESS		
CITY-ST-ZIP	47 - 38 - 38 - 38 - 38	***************************************	2. 4 CITY-	ST-ZIP		Charles (7 Addition
TITLE SALE	National action and an incident	☐ DELETE <sub>.</sub>	3.1 TITLE			☐ Change ☐ Addition
NAME			3.2 NAME		•	
STREET ADDRESS	46.3.3	•		TADDRESS		是"经域则是连续量"
CITY-ST-ZIP		DELETE	3.4. CITY-5 4.1 TITLE	ST-ZIP		Change Addition
TITLE		□ offere	4.1 IIILE 4.2 NAME			<del>-</del>
NAME				TADDRESS		- }
STREET ADDRESS			4.4 CITY-S	1		
CITY-ST-ZIP TITLE		DELETE	5.1 TITLE	11-6.11		Change Addition
NAME		_	5.2 NAME			
STREET ADDRESS			5.3 STREE	T ADDRESS		
CITY-ST-ZIP	849		5.4 CITY-9	ST-ZIP		
TITLE 2 44 Th	साके क्षा के कि १००%	☐ DELETE	6.1 TITLE			Change Addition
NAME TOUCH	M. Charles Algeria		6.2 NAME			
STREET ADDRESS	。李继州 机混合化 於		6.3 STREE	T ADDRESS		/
	1					7

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 of 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, with all other like empowered.