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

**PROFIT** CORPORATION ANNUAL REPORT



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

| DON CARLOS FOODS, INC.  Principal Place of Business  Mailing Address  741 W 17 ST  |  |   |  |  |  |  |                        |                           |                                |                                      |
|--|--|---|--|--|--|--|------------------------|---------------------------|--------------------------------|--------------------------------------|
| 741 W. 17 ST.<br>HIALEAH FL 33010  |  |   | 741 W. 17 ST.<br>HIALEAH FL 33010  |  |  |  |                        |                           |                                |                                      |
|  |  |   |  |  |  | <ol> <li>Date Incorporated or Out</li> <li>12/15/1975</li> </ol>   | alified                | 3a. Date                  | of Last F<br>5/01/             | •                                    |
| Principal Pla  | ace of Business  | 2a.   | Mailing Address  |  |  | 4. FEI Number  | L                      |                           | <u> </u>                       | Applied For                          |
| 0 2 2 2 2  | h -1.  | 26  |  |  |  | 59-1638067   |                        |                           |                                | Not Applicable                       |
| Suite, Apt. #  | #, etc.  | 27  | Suite, Apt. #, etc.  |  |  | 5. Certificate of Status Desi  | ired [                 |                           |                                | 5 Additional<br>Required             |
| City & State   | )  |   | City & State   |  |  | 6. Election Campaign Finan   | ncing                  | <del></del>               |                                | 00 May Be                            |
|  |  | 28  |  |  |  | Trust Fund Contribution  |                        |                           |                                | d to Fees                            |
| Zip  | Country  | <b>├</b> ──   | Zip  | Count  | ry   | 8. This corporation has liab   |                        |                           | under s                        | 199.032,                             |
|  | 25 25 Name and Address of Cur  | 29<br>rrent Registe                                   | ared Agent   | 30   |  | Florida Statutes  10. Name and Address of  | Yes [                  |                           | nent .                         |                                      |
| orner in communication delicate  | g,   |   | orod rigoni  | 8  | 1 Name   | 10. Harris Bits Assissa Ci   | THOM THOS              | J1010100 A                | 90111                          |                                      |
| SALNIK   | K, EDWARD J.   |   |  | 8:   | 2 Street Add   | iress (P.O. Box Number is Not Ac   | contable)              |                           |                                |                                      |
| 741 WEST 17TH STREET   |  |   |  |  | Street Add   | JIESS (I TO: DOX NOTTIDOLIS 1401 AC  |                        |                           |                                |                                      |
| HIALEA   | AH FL 33010  |   |  | 8.   | 3  |  |                        | -                         |                                |                                      |
|  |  |   |  | 8  | 4 City   |  |                        |                           | 85 2                           | p Code                               |
|  |  |   |  |  |  |  |                        | FL                        |                                | <u> </u>                             |
| or registers   | o the provisions of Sections 607.0<br>ed agent, or both, in the State of F<br>th, and accept the obligations of, S   | lorida. Such  | change was authorize   | s, the above<br>ed by the cor  | named corpo<br>rporation's boa   | oration submits this statement for<br>ard of directors. I hereby accept the  | the purpo<br>he appoin | se of char<br>itment as r | iging Its<br>egistere          | registered offi<br>d agent. I am     |
| or registere<br>familiar with<br>NATURE  | ed agent, or both, in the State of F<br>th, and accept the obligations of, S<br>Signature, typed or printed name of registered a   | forida, Such<br>Section 607.0<br>agent and tile if ap | change was authorize<br>505, Florida Statutes.<br>x/licabio. (NOT                      | ed by the cor<br>E: Registered Ag  | 1 - named corpo<br>rporation's boat<br>pent signature require  | ard of directors. I hereby accept the directors of the di | he appoin              | DATE                      | egistere                       | d agent. I am                        |
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SIGNATURE: AND THE SHAPE OF THE EDWARD SALNIK AME OF SIGNING OFFICER OR DIRECTOR

4-26-96 305-883-4858
Date Daytine Profet