May 08, 1999 8:00 am Secretary of State

05-08-1999 90086 044 ***150.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 490606

1. Corporation Name

DON CARLOS FOODS INC

DON CA	neos roods, inc.							
Principal Place	of Business	Mailing Address				ICE MULER MISH MUHIM BAH BEN	I) BIBNI BIBNY BEBNI BI	#11 E1811 (881
Principal Place of Business Mailing Address 741 W. 17 ST. 741 W. 17 ST.								
HIALEAH FL 33010 HIALEAH FL 33010								
						O NOT WRITE IN TH	IS SPACE	
					3. Date Incorporated 12/15/1975	or Qualified		ĺ
	(0)	A Mailing Address			4. FEI Number		Anr	olied For
<u> </u>	ace of Business	2a. Mailing Address			59-1638067			Applicable
21 Suite Ant	# otc	Suite, Apt. #, etc.					\$8.75 A	
Suite, Apt. #, etc. Suite, Apt. #, 27					5. Certifcate of Statu	s Desired	Fee Red	1
City & State	9	City & State			6. Election Campaig	n Financing	\$5.00	May Be
23		28			Trust Fund Contri		Added to	Fees
Zip	Country	Zip	Cou	ntry	8. This corporation of	wes the current year	Intangible	_
24	25	29	30		Personal Property			□No
	9. Name and Address of Curren	t Registered Agent		94	10. Name and Addre	ess of New Registere	ed Agent	
SALI	NIK, EDWARD J.			81 Name	Kichard	>OCNIK		
741 WEST 17TH STREET			82 Street Addr	ress (P.O. Box Number is	Not Acceptable)			
HIALEAH FL 33010			83					
* ****				03				
				84 City		F	85 Zip C	ode
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the a				hove-named corr	ocation submits this state	ment for the purpose	of changing its	registered
office or r	egistered agent or both in the State (of Florida, Such change was a	autnorized	ov the corporation	on's board of directors.	hereby accept the app	pointment as reg	istered
	m familiar with, and accept the obligat	() Dog - ' \	origa Stati	Nord (Salvile	417	W 99	
SIGNATURE	Signature, typed or printed name of registered agen	t and title if applicable. (NOT	E: Registered	Agent signature require	ed when reinstating)	DATE	~~~	
12.	OFFICERS AN	D DIRECTORS	13.		ADDITIONS/CHAN	GES TO OFFICERS		
TITLE	PD	☐ DELETE	1.1 TF	TLE			Change	☐ Addition
NAME	SALNIK, SAM		1.2 NA	AME				
STREET ADDRESS			1.3 \$1	TREET ADDRESS				
CITY-ST-ZIP			TY-ST-ZIP				CTD & statistics of	
TITLE	☐ DELETE 2.1 π		Y			Change	Addition	
NAME	SALNIK, SUSAN		2.2 N	AME				
STREET ADDRESS	741 W. 71 ST.		2.3 \$1	TREET ADDRESS				-
CITY-ST-ZIP	HIALEAH FL			TY-ST-ZIP			Change	Addition
TITLE	D ON ANY OLIGAN	,					[_] Change	
NAME	SALNIK, SUSAN 741 W. 17 ST.		Į.					
STREET ADDRESS				TREET ADDRESS				
CITY-ST-ZIP	HIALEAH FL	M DELETE	3.4. C 4.1 TI	TY-ST-ZIP			Change	Addition
TITLE	VD Salnik,edward	O DECETE						_
NAME	741 W. 17 ST.		4.2N	TREET ADDRESS				
STREET ADDRESS			4.3 3	ILCE I WDDLE99 (
CITY-ST-ZIP				TV CT 710				Í
TITLE	HIALEAH FL	□ DELETE		ITY-ST-ZIP			☐ Change	Addition
	VD	☐ DELETE	5.1 TI	TLE			Change	Addition
NAME	VD SALNIK, RICHARD	☐ DELETE	5.1 TI 5.2 N	TLE AME			☐ Change	Addition
NAME STREET ADDRESS	VD SALNIK, RICHARD 741 W. 17 ST.	☐ DELETE	5.1 TI 5.2 NA 5.3 ST	TLE AME TREET ADDRESS			☐ Change	Addition
NAME	VD SALNIK, RICHARD	☐ DELETE	5.1 TI 5.2 NA 5.3 ST	TLE AME TREET ADDRESS ITY-ST-ZIP			☐ Change	☐ Addition

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 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, with all other like empowered.

6.3 STREET ADDRESS

NAME

STREET ADDRESS CITY-ST-ZIP

CR2E034 (11/98)