

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.)

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # 835068 (8)

1. Corporation Name  
SORRENTO CHEESE COMPANY, INC.

Principal Place of Business

2375 SOUTH PARK AVE  
BUFFALO, N Y 14220

Mailing Address

2375 SOUTH PARK AVE  
BUFFALO, N Y 14220

FILED  
Aug 05 1997 8:00am  
Secretary of State



DO NOT WRITE IN THIS SPACE

|                                |  |                        |  |  |  |   |  |
|--------------------------------|--|------------------------|--|--|--|---|--|
| 2. Principal Place of Business |  | 2a. Mailing Address    |  | 3. Date Incorporated or Qualified<br>09/22/1975                                    |  | 3a. Date of Last Report<br>02/12/1996   |  |
| 21 Sulte, Apt. #, etc.         |  | 26 Sulte, Apt. #, etc. |  | 4. FEI Number<br>16-1278259  |  | Applied For<br>Not Applicable   |  |
| 22 City & State                |  | 27 City & State        |  | 5. Certificate of Status Desired <input type="checkbox"/>                          |  | \$8.75 Additional Fee Required  |  |
| 23 Zip Country                 |  | 28 Zip Country         |  | 6. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/> |  | \$5.00 May Be Added to Fees   |  |
| 24 Zip Country                 |  | 29 Zip Country         |  | 30 Zip Country   |  | 8. This corporation owes or has paid the current year intangible<br>Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No |  |

9. Name and Address of Current Registered Agent

GWOREK, TOM  
2202 EAGLE BLUFF DRIVE  
VALRICO FL 33594

10. Name and Address of New Registered Agent

|   |
|---|
| 81 Name   |
| 82 Street Address (P.O. Box Number is Not Acceptable) |
| 83  |
| 84 City   |
| 85 Zip Code   |

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 am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinitiating) DATE \_\_\_\_\_

| 12. OFFICERS AND DIRECTORS |                        | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |
|----------------------------|------------------------|---|---|
| TITLE                      | P BENSABAT, PAUL       | 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | 2375 SOUTH PARK AVENUE | 1.2 NAME  |   |
| STREET ADDRESS             | BUFFALO, NY.           | 1.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |                        | 1.4 CITY-ST-ZIP                                       |   |
| TITLE                      | EVP ANDOLINA, JOHN     | 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | 2375 SOUTH PARK AVENUE | 2.2 NAME  |   |
| STREET ADDRESS             | BUFFALO, NY.           | 2.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |                        | 2.4 CITY-ST-ZIP                                       |   |
| TITLE                      | V WOEPEL, ROBERT J.    | 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | 2375 S PARK AVE        | 3.2 NAME  |   |
| STREET ADDRESS             | BUFFALO NY             | 3.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |                        | 3.4 CITY-ST-ZIP                                       |   |
| TITLE                      | V HYLKEMA, CHARLES B.  | 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | 2375 SOUTH PARK AVENUE | 4.2 NAME  |   |
| STREET ADDRESS             | BUFFALO NY             | 4.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |                        | 4.4 CITY-ST-ZIP                                       |   |
| TITLE                      |                        | 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                        | 5.2 NAME  |   |
| STREET ADDRESS             |                        | 5.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |                        | 5.4 CITY-ST-ZIP                                       |   |
| TITLE                      |                        | 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                        | 6.2 NAME  |   |
| STREET ADDRESS             |                        | 6.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |                        | 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)(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.

SIGNATURE: \_\_\_\_\_ 7/28/97 1712822-6212

CR2E034 (4/97)