

5/1/2003-90362-050-\$150.00-\$150.00

1. Entity Name
MASTER'S INTERNATIONAL FOODS, INC.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 AUG 11 PM 2:13

Mailing Address
816 N.W. 11TH STREET
MIAMI FL 33136

3. Mailing Address

☐ CHECK HERE IF MAKING CHANGES

City & State MIAMI FL
Zip 33135 Country DADE

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

2262 SW
21 AVE
MIAMI, FL
33145

Street Address (P.O. Box Number is Not Acceptable)
P.O. Box 331090

City MILWAUKEE FL 33135

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

(NOTE: Registered Agent signature required when reinstating.)

DATE _____

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DSIP	Richard E. Drapeau
NAME	LYNN, RICHARD E.	pote99@earthlink.net
STREET ADDRESS	816 N.W. 14TH STREET	P. O. Box 332090
CITY - ST - ZIP	MIAMI FL	Miami, FL 33135-1090

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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TITLE	<input type="checkbox"/> Delete
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STREET ADDRESS	
CITY - ST - ZIP	

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NAME		
STREET ADDRESS		
CITY, ST, ZIP		

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STREET ADDRESS	
CITY - ST - ZIP	

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TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY, ST., ZIP	

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: ~~CLASSIFIED~~
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/30/03

Date _____ Division Phone # _____

CH2E034 (4/03)