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May 06 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # H14792

1. Corporation Name
NORTHSIDE FOODS,INC.
P.O.BOX 171138
HIALEAH,FL.33017

Principal Place of Business | Mailing Address

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

3. Date Incorporated or Qualified: 08/01/84
3a. Date of Last Report: 8/28/96
4. Fed Number: 59-2425883 (Applied For / Not Applicable)
5. Certificate of Status Desired ☐ $5.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

WILLIAMS,WILBERT
3007 Lemon Street
Tampa,FL.33609

10. Name and Address of New Registered Agent

81 Name: ELVIN L.MARTINEZ.ESQUIRE
82 Street Address (P.O. Box Number is Not Acceptable): 2508 Tampa Bay Blvd., Suite A
83 Tampa, Florida. 33607
84 City: Tampa, Florida 85 FL 86 Zip Code: 33607

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: Elvin L. Martinez ELVIN L.MARTINEZ, ESQUIRE 4/23/97
(Registered Agent signature required when changing) (Title) (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PSD ☐ DELETE	11 TITLE ☐ Change ☐ Addition
NAME	WILLIAMS,WILBERT	12 NAME
STREET ADDRESS	3007 Lemon Street,	13 STREET ADDRESS
CITY-ST-ZIP	Tampa,FL.33609	14 CITY-ST-ZIP
TITLE	VSD ☐ DELETE	21 TITLE ☐ Change ☐ Addition
NAME	WILLIAMS,JUANITA	22 NAME
STREET ADDRESS	3009 Lemon St.,	23 STREET ADDRESS
CITY-ST-ZIP	Tampa,FL.33609	24 CITY-ST-ZIP
TITLE	☐ DELETE	31 TITLE ☐ Change ☐ Addition
NAME		32 NAME
STREET ADDRESS		33 STREET ADDRESS
CITY-ST-ZIP		34 CITY-ST-ZIP
TITLE	☐ DELETE	41 TITLE ☐ Change ☐ Addition
NAME		42 NAME
STREET ADDRESS		43 STREET ADDRESS
CITY-ST-ZIP		44 CITY-ST-ZIP
TITLE	☐ DELETE	51 TITLE ☐ Change ☐ Addition
NAME		52 NAME
STREET ADDRESS		53 STREET ADDRESS
CITY-ST-ZIP		54 CITY-ST-ZIP
TITLE	☐ DELETE	61 TITLE ☐ Change ☐ Addition
NAME		62 NAME
STREET ADDRESS		63 STREET ADDRESS
CITY-ST-ZIP		64 CITY-ST-ZIP

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CR2E034 (9/96)

14. I declare to 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 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 13 above, if changed, or on an attachment with an address.

SIGNATURE: Wilbert Williams WILBERT WILLIAMS,PRES. 4/23/97 (813)877-3927
(SIGNATURE AND TYPED OR PRINTED NAME OF EXECUTIVE OFFICER OR DIRECTOR) (Date) (Telephone Number)

WILBERT WILLIAMS