

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

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Suzanne B. Waxman  
Secretary of State  
1995

APPROVED  
AND  
FILED

DOCUMENT # **H20207**  
HACIENDA FOOD PRODUCTS, INC.

(7)

MAY 15 1995 9:15  
FLORIDA DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

Principal Office: 9542 SIDNEY HAYES RD. ORLANDO FL 32824-8121  
Mailing Address: 9542 SIDNEY HAYES RD. ORLANDO FL 32824-8121

CONTACT WITH ME IN THIS SPACE

2. Filing Date of this Report		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21. State Agent # 01		26. P.O. Box 22130		09/10/1984	04/22/1994
22. City, State		27. City & State		4. FFI Number	Applied For ( ) Not Applicable
23. 32830		28. Lake Buena Vista, FL		59-2451226	
24. 32830		29. 32830		5. Certificate of Statute Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
		30. 32830		6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
				7. This corporation complies with the provisions of the Uniform Foreign-Source Income Reporting Act (UFRIA)	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
DEBLER, RICHARD % EPCOT CENTER, MEXICAN PAVILION LAKE BUENA VISTA FL 32830				B1	Name
				B2	Street Address (P.O. Box Number is Not Acceptable)
				B3	City
				B4	City
				FL	B5 Zip Code

11. I, the undersigned, being duly qualified under the provisions of Sections 607.01(2)(b) and 607.14(9), Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office to the address set forth 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 I accept the stipulations of Sections 607.01(2)(b) Florida Statutes.

SIGNATURE: *[Signature]* Title: *[Title]*

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS TO:	
NAME	DP DEBLER, RICHARD 1335 KELSO BLVD. WINDERMERE FL	1. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		2. NAME	
CITY, STATE		3. STREET ADDRESS	
NAME		4. CITY, STATE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		5. NAME	
CITY, STATE		6. STREET ADDRESS	
NAME		7. CITY, STATE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		8. NAME	
CITY, STATE		9. STREET ADDRESS	
NAME		10. CITY, STATE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		11. NAME	
CITY, STATE		12. STREET ADDRESS	
NAME		13. CITY, STATE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		14. NAME	
CITY, STATE		15. STREET ADDRESS	
NAME		16. CITY, STATE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		17. NAME	
CITY, STATE		18. STREET ADDRESS	
NAME		19. CITY, STATE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		20. NAME	
CITY, STATE		21. STREET ADDRESS	
NAME		22. CITY, STATE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		23. NAME	
CITY, STATE		24. STREET ADDRESS	
NAME		25. CITY, STATE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		26. NAME	
CITY, STATE		27. STREET ADDRESS	
NAME		28. CITY, STATE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		29. NAME	
CITY, STATE		30. STREET ADDRESS	
NAME		31. CITY, STATE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		32. NAME	
CITY, STATE		33. STREET ADDRESS	
NAME		34. CITY, STATE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		35. NAME	
CITY, STATE		36. STREET ADDRESS	
NAME		37. CITY, STATE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		38. NAME	
CITY, STATE		39. STREET ADDRESS	
NAME		40. CITY, STATE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		41. NAME	
CITY, STATE		42. STREET ADDRESS	
NAME		43. CITY, STATE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		44. NAME	
CITY, STATE		45. STREET ADDRESS	
NAME		46. CITY, STATE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		47. NAME	
CITY, STATE		48. STREET ADDRESS	
NAME		49. CITY, STATE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		50. NAME	
CITY, STATE		51. STREET ADDRESS	
NAME		52. CITY, STATE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		53. NAME	
CITY, STATE		54. STREET ADDRESS	
NAME		55. CITY, STATE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		56. NAME	
CITY, STATE		57. STREET ADDRESS	
NAME		58. CITY, STATE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		59. NAME	
CITY, STATE		60. STREET ADDRESS	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and correct and qualify for the exemption stated in Section 607.01(2)(b) Florida Statutes. I further certify that the information indicated on the annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if the person with that name or title is a director or officer of the corporation or the person or persons empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report as an attribution with an address.

SIGNATURE: *[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF BOILING OFFICER OR DIRECTOR