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May 09 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 # H80170 (4)

1. Corporation Name

KATHAN FOODS, INC.

Principal Place of Business

% FERDINAND RUFO
1117 S.E. AIROSO BLVD.
PORT ST. LUCIE FL 34983-2552

Mailing Address

% FERDINAND RUFO
1117 S.E. AIROSO BLVD.
PORT ST. LUCIE FL 34983-2552

3. Date Incorporated or Qualified	3a. Date of Last Report
10/09/1985	**05/01/1996**

2. Principal Place of Business	21	2a. Mailing Address	26	4. FEI Number **59-2737441**	Applied For / Not Applicable
Suite, Apt. #, etc.	22	Suite, Apt. #, etc.	27	5. Certificate of Status Desired ☐	**$8.75** Additional Fee Required
City & State	23	City & State	28	6. Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees
Zip	Country 25	Zip	Country 30	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No	
24		29			

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
RUFO, FERDINAND 1117 S.E. AIROSO BLVD. PORT ST. LUCIE FL 33452	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City **FL** 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 _____
Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE **D** ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition	
NAME **RUFO, F.E.**	1.2 NAME		
STREET ADDRESS **P.O. BOX 3201, NA**	1.3 STREET ADDRESS		
CITY-ST-ZIP **STUART FL**	1.4 CITY-ST-ZIP		
TITLE **VD** ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition	
NAME **MEAD, M.J.**	2.2 NAME		
STREET ADDRESS **P.O. BOX 3201, NA**	2.3 STREET ADDRESS		
CITY-ST-ZIP **STUART FL**	2.4 CITY-ST-ZIP		
TITLE ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition	
NAME	3.2 NAME		
STREET ADDRESS	3.3 STREET ADDRESS		
CITY-ST-ZIP	3.4 CITY-ST-ZIP		
TITLE ☐ DELETE	4.1 TITLE	☐ Change ☐ Addition	
NAME	4.2 NAME		
STREET ADDRESS	4.3 STREET ADDRESS		
CITY-ST-ZIP	4.4 CITY-ST-ZIP		
TITLE ☐ DELETE	5.1 TITLE	☐ Change ☐ Addition	
NAME	5.2 NAME		
STREET ADDRESS	5.3 STREET ADDRESS		
CITY-ST-ZIP	5.4 CITY-ST-ZIP		
TITLE ☐ DELETE	6.1 TITLE	☐ Change ☐ Addition	
NAME	6.2 NAME		
STREET ADDRESS	6.3 STREET ADDRESS		
CITY-ST-ZIP	6.4 CITY-ST-ZIP		

CR2E034 (9/96)

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: _~SIGNATURE REQUIRED~_   4/5/97   (521) 335-4034
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #