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~~PROFIT~~
~~CORPORATION~~
~~ANNUAL REPORT~~
1996

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

APPROVED AND FILED
97 AUG 15 PM 1:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # J21201 (5) ~~W97 17087~~

1. Corporation Name
FOOD PROCESSOR, INC.

REINSTATEMENT 96-97 $915.00

Principal Place of Business	Mailing Address
C/O JUAN WONG. JR 1401 SW 126 PLACE MIAMI FL 33184 US	C/O JUAN WONG. JR. 1401 SW 126 PLACE MIAMI FL 33184 US

3. Date Incorporated or Qualified: 06/23/1986	3a. Date of Last Report: 02/03/1995
4. FEI Number: 59-2677312	☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☑	$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

WONG, JUAN, JR.
1401 SW 126 PLACE
MIAMI FL 33184
SAME (OK - No change)

10. Name and Address of New Registered Agent

81 Name
82 Street Address N/A
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: X Juan N/A / /
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	PD	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	QUANT, ABRAHAM		1.2 NAME	800002270948--1
STREET ADDRESS	2525 S.W. 109TH AVE.	OK	1.3 STREET ADDRESS	-08/19/97--01031--004
CITY-ST-ZIP	MIAMI FL		1.4 CITY-ST-ZIP	******8.75 ******8.75
TITLE	~~VSO~~ STD	☐ DELETE	2.1 TITLE	STD ☑ Change ☐ Addition
NAME	WONG, JUAN, JR.		2.2 NAME	
STREET ADDRESS	1401 SW 126 PL	OK	2.3 STREET ADDRESS	(OK)
CITY-ST-ZIP	MIAMI FL		2.4 CITY-ST-ZIP	800002270948--1
TITLE		☐ DELETE	3.1 TITLE	-08/19/97--01031--005 ☐ Change ☐ Addition
NAME			3.2 NAME	****915.00 ****915.00
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	**REINSTATEMENT** 96-97
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	A. May
STREET ADDRESS			5.3 STREET ADDRESS	8/15/97
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	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: X Juan
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date (305) 2297002
Daytime Phone #

CR2E034 (12/95)