

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

CORPORATION
ANNUAL REPORT
1995



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

FILED

95 JAN 25 PM 2:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K11528 (2)

1. Corporation Name

FOOD CATERING NUTRITIONAL SERVICES, INC.

Principal Place of Business

% GARY D. MOLFELD
3215 VILLAGE GREEN DR
MIAMI FL 33175

Mailing Address

% GARY D. MOLFELD
3215 VILLAGE GREEN DR
MIAMI FL 33175

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified
01/11/1988

3a. Date of Last Report
01/31/1994

4. FBI Number
65-0036699

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 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SANTANA, RAUL
3215 VILLAGE GREEN DR
SUITE 700A
MIAMI 33175

81 Name

SANTANA, RAUL

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

83 9745 S.W. 72 ST. #117

84 City

MIAMI

FL

85 Zip Code
33173

11. Pursuant to the provisions of Sections 607.02 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 of typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reappointing)

DATE
1/18/95

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D
NAME	SANTANA, RAUL
STREET ADDRESS	3215 VILLAGE GREEN DR
CITY-ST-ZIP	MIAMI FL
TITLE	PRE
NAME	ATWELL WILLIAMS
STREET ADDRESS	19821 N.W. 1ST CT.
CITY-ST-ZIP	MIAMI FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	PRESIDENT ☒ Change ☐ Addition
2.2 NAME	ATWELL WILLIAMS
2.3 STREET ADDRESS	19821 N.W. 1ST CT.
2.4 CITY-ST-ZIP	MIAMI FL
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 110.07(3)(b), 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 a subsequent filing in accordance.

SIGNATURE:

RAUL SANTANA

DATE
1/18/95 305 5877 77