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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

**FILED** 

Feb 14 1997 8:00am

Secretary of State

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # K63135

(3)

M & T FOOD CORPORATION

|  | of Business                                    | Mailing Address  | Mailing Address   |   |   | T INCOLORINI DITA BILIDO EKINE INCOR INIDI BILIL BILBIK DIBIK DIBIK DIBIK DIBIK DIBIK BERK |                             |                    |
|--|--|--|---|---|---|--|-----------------------------|--------------------|
| 401 LAKE AVENUE  |  | 401 LAKE AVE   |   |   |   |  |                             |                    |
| LAKE WORTH FL 33460<br>US  |  | LK WORTH FL 33460-3806   |   |   |   |  |                             |                    |
| U9   |  |  |   |   | 3. Date Incorporated or Qualified   | 3a. Date of  |                             | oort               |
| 9 Demokrat Die   | ace of Business                                | 2a Mailine Address   |   | · · · · · · · · · · · · · · · · · ·   | 01/30/1989<br>4. FEI Number   | 05/01/1  | <del>y</del>                |                    |
| ¬ '  | ace of Business                                | 2a. Mailing Address  |   |   | 65-0095074  |  |                             | lied For           |
| Suite, Apt. #  | # etc  | Suite, Apt. #, etc.  | ····  |   | 03 0033014  |  | 8.75 Ad                     | Applicable         |
| 2  |  | 27   |   |   | 5. Certificate of Status Desired  |  | Fee Req                     |                    |
| City & State   | )  | City & State   |   |   | 6. Election Campaign Financing  |  | 5.00 M                      | lay Be             |
| 3  |  | 28   |   |   | Trust Fund Contribution   |  | Added to                    | Fees               |
| Zip<br>T⊒  | Country  | Zip  | Country   | <i>f</i>  | 8. This corporation has liability for   |  |                             | 199.032,           |
| 4 25 29 29 9. Name and Address of Current Registered Agent   |  |  | 30 Florida Statutes Yes No  10. Name and Address of New Registered Agent  |   |   |  |                             |                    |
| DATE   |  | rem neglatarad Agent   | 81  | Name  | 10. Hallie Bilo Addidge Of Hell IV  | Bistolen võoi  |                             |                    |
|  | EL, NAYAN                                      |  | Ľ   |   |   |  |                             |                    |
| 4017   | LAKE AVE: 35 B                                 | uxtun Ln   | 82  | Street Ad   | idress (P.O. Box Number is Not Accepta  | ple)   |                             |                    |
| EV II  | MILLE SOUR BOAY                                | TON BEACH, FL 33   | 462  <sub>83</sub>  | <del> </del>  |   | <del></del>  |                             |                    |
|  | •  | •  |   |   |   |  |                             |                    |
|  |  |  | 84  | City  |   | FL 85  | Zip Co                      | ode                |
| 11. Pursuant to  | o the provisions of Sections 607.              | 0502 and 607,1508, Florida Statute   | s, the abov   | I<br>e-named c  | orporation submits this statement for the   | purpose of cha   | nging its                   | registered         |
| office or re   | egistered agent, or both, in the Si            | tate of Florida. Such change was a<br>oligations of, Section 607.0505, Flor  | uthorized b   | v the corpo   | ration's board of directors. I hereby acce  | pt the appointn  | nënt as re                  | gistered           |
|  | n lamiliar with, and accept the of             | ongalitation of the section of the s | rua Statute   | <b>a</b> .  |   | >.4  | 8.97                        | ì                  |
| Signature <sub>s</sub>   | Signature, typed or printed name of registered |  | Registered Ag   | ent signature re  | quired when reinstating)  | DATE   |                             |                    |
| 12.  |  | AND DIRECTORS  | 13.   |   | ADDITIONS/CHANGES TO OFFI   | CERS AND DIR   | ECTORS                      | IN 12              |
| TITLE  | D  | ☐ DELETE   | 1.1 TITLE   |   |   |  | Change                      | Addition           |
| NAME   | PATEL, NAYAN                                   |  | 1.2 NAME  |   |   |  |                             |                    |
| STREET ADDRESS   | 35 BUXTON LANE                                 |  | 1.3 STREE   | T ADDRESS   |   |  |                             |                    |
| CITY-ST-ZIP  | BOYNTON BEACH FL                               |  | 1.4 CITY - 5  | ST-ZVP  |   |  | <del></del>                 |                    |
| THTLE  | P  | L DELETE   | 2.1 TITLE   |   |   | L.J  | Change                      | Addition           |
| NAME   | PATEL, RAJESH                                  |  | 2.2 NAME  |   | _   |  |                             |                    |
| STREET ADDRESS   | 6900-WOONSOCKET                                |  | _   | T ADDRESS   | PLYMOUTH MY 4   | A Late   |                             |                    |
| CITY-ST-ZIP  | CANTON MI                                      | Delete   | 2. 4 CITY-  | ST-ZIP  | PLYMOUTH, MY 4  | 31.10  | Channa                      | T addition         |
| TITLE  |  | ☐ DELETE   | 3.1 TITLE   |   | •   | <u></u>  | Change                      | Addition           |
| NAME   |  |  | 3.2 NAME  |   |   |  |                             |                    |
| STREET ADDRESS   |  |  |   | TADDRESS  |   |  |                             |                    |
|  |  |  | 3 4. CITY-  | SI-ZIP  |   |  | Change                      | Addition           |
|  |  |  | A 4 TITLE   | Į.  |   | 1 1  |                             |                    |
| TITLE  |  | ☐ DELETE   | 4.1 TITLE   |   |   |  | CHAING                      |                    |
| TITLE  |  | LJ DELETE  | 4. 2 NAME   | ·   |   | LJ:  | Change                      |                    |
| TITLE NAME STREET ADDRESS  |  | □ DELETE   | 4. 2 NAME<br>4.3 STREE  | T ADDRESS   |   | ٠  | ruange.                     |                    |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  |  |  | 4. 2 NAME   | T ADDRESS   | v ·   |  | Change                      | Addition           |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE  |  | DELETE   | 4. 2 NAME<br>4.3 STREE<br>4.4 CITY-<br>5.1 TITLE  | T ADDRESS   | , .   |  |                             | Addition           |
| TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  |  |  | 4. 2 NAME<br>4.3 STREE<br>4.4 CITY -<br>5.1 TITLE<br>5.2 NAME   | T ADDRESS<br>ST - ZIP   | , .   |  |                             | Addition           |
| TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  |  |  | 4. 2 NAME<br>4.3 STREE<br>4.4 CITY -<br>5.1 TITLE<br>5.2 NAME<br>5.3 STREE  | T ADDRESS<br>ST-ZIP   | , · · · · · · · · · · · · · · · · · · ·   |  |                             | Addition           |
| TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP   |  |  | 4. 2 NAME<br>4.3 STREE<br>4.4 CITY -<br>5.1 TITLE<br>5.2 NAME   | T ADDRESS<br>ST-ZIP   |   | . 🚨  |                             |                    |
| TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  |  | DELETE   | 4. 2 NAME<br>4.3 STREE<br>4.4 CITY-<br>5.1 TITLE<br>5.2 NAME<br>5.3 STREE<br>5.4 CITY-  | T ADDRESS<br>ST-ZIP   |   | . 🚨  | Change                      |                    |
| TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  |  | DELETE   | 4. 2 NAME 4.3 STREE 4.4 CITY- 5.1 TITLE 5.2 NAME 5.3 STREE 5.4 CITY- 6.1 TITLE 6.2 NAME   | T ADDRESS<br>ST-ZIP   | , ·   | . 🚨  | Change                      |                    |
| CHY-ST-ZIP TITLE NAME STREET ADDRESS CHY-ST-ZIP                         |  | DELETE   | 4. 2 NAME 4.3 STREE 4.4 CITY-1 5.1 TITLE 5.2 NAME 5.3 STREE 5.4 CITY-1 6.1 TITLE 6.2 NAME 6.3 STREE   | T ADDRESS ST - ZIP  T ADDRESS ST - ZIP  T ADDRESS                                   | · · ·   | . 🚨  | Change                      |                    |
| TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  14. I do hereb |  | DELETE  DELETE  DELETE   | 4. 2 NAME 4.3 STREE 4.4 CITY 5.1 TITLE 5.2 NAME 5.3 STREE 5.4 CITY 6.1 TITLE 6.2 NAME 6.3 STREE 6.4 CITY 7 for the ex                       | T ADDRESS ST-ZIP  T ADDRESS ST-ZIP  I ADDRESS ST-ZIP  T ADDRESS ST-ZIP  Emption sta | ted in Section 119,07(3)(i), Florida Statut   | es, I further cer  | Change<br>Change            |                    |
| TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  C-TY-ST-ZIP  14. I do hereb information                               | n indicated on this annual report              | DELETE  DELETE  DELETE   | 4. 2 NAME 4.3 STREE 4.4 CITY- 5.1 TITLE 5.2 NAME 5.3 STREE 5.4 CITY- 6.1 TITLE 6.2 NAME 6.3 STREE 6.4 CITY- y for the exitude and according | T ADDRESS ST-ZIP  T ADDRESS ST-ZIP  I ADDRESS ST-ZIP emption sta                    | ted in Section 119.07(3)(i), Florida Statut<br>had my signature shall have the same leg<br>port as required by Chapter 607, Florida | es, I further cer  | Change Change tify that the | Addition  Addition |