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

APPROVED AND FILED

'95 MAR -3 AM 8:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K76319 (8)

1. Corporation Name
AMCO FOODS DISTRIBUTION, INC.

Principal Place of Business	Mailing Address
1701 A BLOUNT ROAD POMPANO BEACH FL 33069	1701 A BLOUNT ROAD POMPANO BEACH FL 33069

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 03/29/1989	3a. Date of Last Report: 02/03/1994
4. FEI Number: 59-2344867	☐ Applied For ☐ Not Applicable

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

5. Certificate of Status Desired X — $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

9. Name and Address of Current Registered Agent

TABONE, CHARLES
1701 A BLOOM ROAD
POMPANO BEACH FL 33069

10. Name and Address of New Registered Agent

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 ______ DATE

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	PULLA, VINCE
STREET ADDRESS	238 OXFORD
CITY-ST-ZIP	RICHMOND HILL, ONTAR
TITLE	V
NAME	PULLA, JOE
STREET ADDRESS	242 OXFORD
CITY-ST-ZIP	RICHMOND HILL, ONTRA
TITLE	T
NAME	TABONE, CHARLES
STREET ADDRESS	238 OXFORD
CITY-ST-ZIP	RICHMOND HILL, ONTAR
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE		☐ Change ☐ Addition
12 NAME		
13 STREET ADDRESS		
14 CITY-ST-ZIP		
21 TITLE		☐ Change ☐ Addition
22 NAME		
23 STREET ADDRESS		
24 CITY-ST-ZIP		
31 TITLE		☐ Change ☐ Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE		☐ Change ☐ Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		☐ Change ☐ Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		☐ Change ☐ Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing voluntarily furnished and 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: Charles Tabone — Feb 21/95 — 305-9736611

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — DAYTIME PHONE #

0118377 CP