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 APR 24 AM 8:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L13193** **(2)**

1. Corporate Name
PLEASURE FOOD CORP.

Principal Place of Business	Mailing Address
C/O CESAR M. PLACERES 1864 EAST 5TH AVE. HIALEAH FL 33013	C/O CESAR M. PLACERES 1864 EAST 5TH AVE. HIALEAH FL 33013

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **08/29/1989**
3a. Date of Last Report: **04/14/1994**

2. Principal Place of Business	2a. Mailing Address
21 PLEASURE FOOD CORP.	26 PLEASURE FOOD CORP.
Suite, Apt. #, etc 22 1280 N.E. 131-STREET	Suite, Apt. #, etc 27 1280 N.E. 131-STREET
City & State 23 NORTH MIAMI, FLA.	City & State 28 NORTH MIAMI, FLA.
Zip 24 33161	Country 25 USA.
Zip 29 33161	Country 30 USA.

4. FEI Number: **65-0144607** ☐ 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. *The corporation has liability for intangible tax under S. 199.032, Florida Statutes* ☒ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
PLACERES, CESAR M. 1864 EAST 5TH AVENUE HIALEAH FL 33010	81 Name: CESAR M. PLACERES 82 Street Address (P.O. Box Number is Not Acceptable): 1280 N.E. 131-STREET 83: NORTH MIAMI 84 City: NORTH MIAMI FL 85 Zip Code: 33161

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
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	11 TITLE	☒ Change ☐ Addition: DP
NAME	PLACERES, CESAR M.	12 NAME	PLACERES, CESAR M.
STREET ADDRESS	1864 E. 5TH AVE.	13 STREET ADDRESS	1280 N.E. 131-STREET.
CITY-ST-ZIP	HIALEAH FL	14 CITY-ST-ZIP	NORTH MIAMI FL. 33161
TITLE		21 TITLE	☐ Change ☐ Addition
NAME		22 NAME	
STREET ADDRESS		23 STREET ADDRESS	
CITY-ST-ZIP		24 CITY-ST-ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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)(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: CESAR M. PLACERES 4/1/95 305-893-5512
SIGNATURE AND TYPED OR PRINTED NAME OF MANAGING OFFICER OR DIRECTOR — Date — Daytime Phone #

0261141 CP