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 MAY -1 AM 10:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

DOCUMENT # L90641 (6)

1. Corporation Name
SABOR DEL VALLE, INC.

Principal Place of Business
3286 N STATE RD 7
LAUDERDALE LAKES FL 33319

Mailing Address
3286 N STATE RD 7
LAUDERDALE LAKES FL 33319

3. Date Incorporated or Qualified: 08/01/1990
3a. Date of Last Report: 08/08/1994
4. FEI Number: 65-0236657 — 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
21
State 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

9. Name and Address of Current Registered Agent

ARGUELLES, CESAR
3286 N STATE RD 7
LAUDERDALE LAKES FL 33319

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 617.0502, 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 the position.

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	ARGUELLES, CESAR
STREET ADDRESS	3286 N STATE RD 7
CITY-ST-ZIP	LAUDERDALE LAKES FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(n), 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: ✓ [signature] 4/26/95 305-486-7690

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

0434000 FP