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
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR -8 PM 3:36

DOCUMENT # **M60215** **(4)**

1. Corporation Name
THE FOOD MACHINE INC.

Principal Place of Business	Mailing Address
13740 SW 152ND ST MIAMI FL 33177	13740 SW 152ND ST MIAMI FL 33177

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **10/05/1987**
3a. Date of Last Report: **03/15/1994**

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

4. FEI Number: **65-0007905** ☐ 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

9. Name and Address of Current Registered Agent

DELGADILLO, HECTOR
14930 SW 157 TERRACE
MIAMI FL 33187

10. Name and Address of New Registered Agent

81 Name: DE LA PUENTE ROSA M.
82 Street Address (P.O. Box Number is Not Acceptable): 13740 SW 152 St.
83
84 City: MIAMI FL. 33177 **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: Rosa M. De La Puente 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	PD	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	DELGADILLO, HECTOR	1.2 NAME	DE LA PUENTE OSCAR	
STREET ADDRESS	14930 S.W. 157 TERR	1.3 STREET ADDRESS	9436 SW 145 Pl.	
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	MIIAMI FL. 33186	
TITLE	STD	2.1 TITLE	Vice President	☐ Change ☒ Addition
NAME	DELGADILLO, MARIA L.	2.2 NAME		
STREET ADDRESS	14930 S.W 157 TERR	2.3 STREET ADDRESS	9436 SW 145 PL	
CITY-ST-ZIP	MAIMI FL	2.4 CITY-ST-ZIP	MIAMI FL. 33186	
TITLE		3.1 TITLE	STD	☒ Change ☐ Addition
NAME		3.2 NAME	DE LA PUENT ROSA M.	
STREET ADDRESS		3.3 STREET ADDRESS	9436 SW 145 PL.	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	MIAMI FL. 33186	
TITLE		4.1 TITLE	PAJARES JOSE TREASURER	☐ Change ☒ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS	9436 SW 145 Pl.	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	MIAMI FL. 33186	
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		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 119.07(3)(k), 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: Rosa M. De La Puente Secretary 3/28/95 253-8066
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Title — Date — Daytime Phone #

01043A0 CP