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Mar 27 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # M60215 (4)

1. Corporation Name  
THE FOOD MACHINE INC.



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

Mailing Address  
13740 SW 152ND ST  
MIAMI FL 33177-1161

3. Date Incorporated or Qualified 10/05/1987  
3a. Date of Last Report 04/26/1996

2. Principal Place of Business

2a. Mailing Address

4. FEI Number 65-0007905  
Applied For Not Applicable

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

22 City & State

27 City & State

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

23 Zip

Country

28 Zip

Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GELSOMINO, AGOSTINO  
13740 SW 152ND STREET  
MIAMI FL 33177

81 Name AGOSTINO GELSO NINO  
82 Street Address (P.O. Box Number is Not Acceptable) 13740 SW 152ND Street  
83  
84 City Miami FL 85 Zip Code 33177

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

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when re-stating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ~~PVD~~ ☐ DELETE  
NAME ~~DE LA PUENTE, OSCAR~~  
STREET ADDRESS ~~9436 SW 145TH PL~~  
CITY - ST - ZIP ~~MIAMI FL 33186~~

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS Delete  
1.4 CITY - ST - ZIP

TITLE ~~STD~~ ☐ DELETE  
NAME ~~DE LA PUENTE, ROSA M~~  
STREET ADDRESS ~~9436 SW 145TH PL~~  
CITY - ST - ZIP ~~MIAMI FL 33186~~

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME Delete  
2.3 STREET ADDRESS  
2.4 CITY - ST - ZIP

TITLE PSTD  
NAME GELSOMINO, AGOSTINO  
STREET ADDRESS 13740 S.W. 152ND STREET  
CITY - ST - ZIP MIAMI FL 33177

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY - ST - ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY - ST - ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY - ST - ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-20-97 309/253-8066

CR2E034 (9/96)