

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Apr 16 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P34943** (1)
1. Corporation Name
UNIMARK FOODS, INC.

Principal Place of Business P. O. BOX 229 ARGYLE TX 76226	Mailing Address 7980 DENI DR N FT MYERS FL 33917 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 762 South U.S. #1		07/30/1991	
22 City & State		27 Ste 261		4. FEI Number	
23 Zip		28 Vero Beach FL		75-2378486	
24 Country		29 32962		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
		30 Indian River		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**BERNARD, VINCENT
7980 DENI DR
SUITE D
N FT MYERS FL 33917**

10. Name and Address of New Registered Agent

81 Name	Roger Bickelhaupt
82 Street Address (P.O. Box Number is Not Acceptable)	762 South U.S. #1
83 City	Ste 261
84 City	Vero Beach FL 32962

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 **ROGER BICKELHAUPT** 3/31/98 DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CDP	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUDDE, JORN	1.2 NAME	
STREET ADDRESS	124 MCMAKIN RD	1.3 STREET ADDRESS	
CITY - ST - ZIP	LEWISVILLE TX	1.4 CITY - ST - ZIP	
TITLE	VD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VAQUERO, RAFAEL	2.2 NAME	CEO
STREET ADDRESS	124 MCMAKIN RD	2.3 STREET ADDRESS	
CITY - ST - ZIP	LEWISVILLE TX	2.4 CITY - ST - ZIP	
TITLE	ST	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FORD, KEITH	3.2 NAME	
STREET ADDRESS	124 MCMAKIN RD.	3.3 STREET ADDRESS	
CITY - ST - ZIP	LEWISVILLE TX	3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I 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:

KEITH FORD

(817) 491-2992

CR2E034 (10/97)