

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P36395

(2)

1. Corporation Name

MINH FOOD CORPORATION

Principal Place of Business

115 WEST COLLEGE DRIVE
MARSHALL MN 56258

Mailing Address

115 WEST COLLEGE DRIVE
MARSHALL MN 56258



2. Principal Place of Business

21 State, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 State, Apt. #, etc.

27 City & State

28 Zip Country

29

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

3. Date Incorporated or Qualified
11/22/1991

3a. Date of Last Report
03/22/1995

4. FLE Number
76-0163693

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

10. Name and Address of New Registered Agent

11. Pursuant to the provisions of Sections 607.0100 and 607.1505, 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 of Registered Agent or Director

Printed Name of Registered Agent or Director

DATE

12. OFFICERS AND DIRECTORS

1. TITLE	D	DELETE
2. NAME	SCHWAN, ALFRED	
3. STREET ADDRESS	115 W. COLLEGE DRIVE	
4. CITY, ST, ZIP	MARSHALL MN	
5. TITLE	P	☐ DELETE
6. NAME	NGUYEN, CHI M.	
7. STREET ADDRESS	1303 WEST HARRIS	
8. CITY, ST, ZIP	PASADENA TX	
9. TITLE	SD	☐ DELETE
10. NAME	MILLER, DONALD	
11. STREET ADDRESS	115 W. COLLEGE DRIVE	
12. CITY, ST, ZIP	MARSHALL MN	
13. TITLE	VTD	☐ DELETE
14. NAME	ANDERSON, ADRIAN J.	
15. STREET ADDRESS	115 W. COLLEGE DRIVE	
16. CITY, ST, ZIP	MARSHALL MN	
17. TITLE		☐ DELETE
18. NAME		
19. STREET ADDRESS		
20. CITY, ST, ZIP		
21. TITLE		☐ DELETE
22. NAME		
23. STREET ADDRESS		
24. CITY, ST, ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	☐ Change ☐ Addition
2. NAME	
3. STREET ADDRESS	
4. CITY, ST, ZIP	
5. TITLE	☐ Change ☐ Addition
6. NAME	
7. STREET ADDRESS	
8. CITY, ST, ZIP	
9. TITLE	☐ Change ☐ Addition
10. NAME	
11. STREET ADDRESS	
12. CITY, ST, ZIP	
13. TITLE	☐ Change ☐ Addition
14. NAME	
15. STREET ADDRESS	
16. CITY, ST, ZIP	
17. TITLE	☐ Change ☐ Addition
18. NAME	
19. STREET ADDRESS	
20. CITY, ST, ZIP	

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-02/16/96--01107--003
***200.00

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)(b), 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

Adrian J. Anderson
JAN 23 1996

507-532-3274
SECRETARY OF STATE

CR2E034 (12/95)