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 PM 8:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P39277 (9)

1. Corporation Name
FAMILY DELIGHT FOODS INCOPORATED

Principal Place of Business	Mailing Address
107 WALKER DR. BRAMPTON ONTARIO	107 WALKER DR. BRAMPTON ONTARIO

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 06/17/1992
3a. Date of Last Report: 08/10/1994

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: 52-1355644 ☐ 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

EXPACK, TAMPA DIVISION
2898 UNIVERSITY DRIVE
CORAL SPRINGS FL 33065

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 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 reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	C	1.1 TITLE	☐ Change ☐ Addition
NAME	RUBENSTEIN, MAX	1.2 NAME	
STREET ADDRESS	2600 BATHURST ST. APT 11	1.3 STREET ADDRESS	
CITY-ST-ZIP	TORONTO, ONT.	1.4 CITY-ST-ZIP	
TITLE	VCP	2.1 TITLE	☒ Change ☐ Addition
NAME	RUBENSTEIN, JEFFREY	2.2 NAME	
STREET ADDRESS	273 LYTTON BLVD.	2.3 STREET ADDRESS	96 Warren Road
CITY-ST-ZIP	TORONTO, ONT.	2.4 CITY-ST-ZIP	Toronto, Ont. M4V 2S1
TITLE	V	3.1 TITLE	☐ Change ☐ Addition
NAME	ROSENBERG, DONALD	3.2 NAME	
STREET ADDRESS	131 TORRESDALE AVE. #808	3.3 STREET ADDRESS	
CITY-ST-ZIP	WILLOWDALE, ONT.	3.4 CITY-ST-ZIP	
TITLE	V	4.1 TITLE	☐ Change ☐ Addition
NAME	DAN LEBLANC	4.2 NAME	
STREET ADDRESS	1087 LINDSAY DR.	4.3 STREET ADDRESS	
CITY-ST-ZIP	OAKVILLE, ONTARIO L6M 3B6	4.4 CITY-ST-ZIP	
TITLE	V	5.1 TITLE	☐ Change ☐ Addition
NAME	MIOR, WERTER,	5.2 NAME	
STREET ADDRESS	46 INDER HEIGHTS DR.	5.3 STREET ADDRESS	
CITY-ST-ZIP	BRAMPTON, ONT.	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)(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: Tom Rubenstein APR 24/95 905 793 9700
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OR DIRECTOR — Date — Daytime Phone #

04P3160 IN