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 APR 26 PM 1:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000007163 (7)**

1. Corporation Name
C & D FOODS, INC.

Principal Place of Business	Mailing Address
5850 LAKEHURST DR ORLANDO FL 32819 US	5850 STE 150-22 ORLANDO FL 32819 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 01/25/1993
3a. Date of Last Report: 04/29/1994

2. Principal Place of Business	2a. Mailing Address
21 7500 Republic Drive	26 7500 Republic Drive
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: Orlando Florida	28 City & State: Orlando Florida
24 Zip: 32819 25 Country: ORANGE	29 Zip: 32819 30 Country: ORANGE

4. FEI Number: 59-3162194 ☐ 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

CRUZ, FERNANDO L
5750 MAJOR BLVD
SUITE 285
ORLANDO FL 32819

10. Name and Address of New Registered Agent

81 Name: Cruz, Fernando
82 Street Address (P.O. Box Number is Not Acceptable): 7500 Republic Drive
83
84 City: ORLANDO FL 85 Zip Code: 32819

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 _____ 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	D	1.1 TITLE		☑ Change ☐ Addition
NAME	CRUZ, FERNANDO L	1.2 NAME	Cruz, Fernando	
STREET ADDRESS	5850 LAKEHURST DR #150-22	1.3 STREET ADDRESS	7500 Republic Drive	
CITY-ST-ZIP	ORLANDO FL	1.4 CITY-ST-ZIP	Orlando, FL 32819	
TITLE	D	2.1 TITLE		☑ Change ☐ Addition
NAME	DEMORGES, DONNI A	2.2 NAME	Donni, Angela	
STREET ADDRESS	5850 LAKEHURST DR #150-22	2.3 STREET ADDRESS	7500 Republic Drive	
CITY-ST-ZIP	ORLANDO FL	2.4 CITY-ST-ZIP	Orlando, FL 32819	
TITLE		3.1 TITLE		☐ Change ☐ Addition
NAME		3.2 NAME		
STREET ADDRESS		3.3 STREET ADDRESS		
CITY-ST-ZIP		3.4 CITY-ST-ZIP		
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
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)(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 added in connection with an address.

SIGNATURE: _____ 4
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0419036 FP