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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUL 17 AM 9:16

DOCUMENT # **P93000034886 (0)**

1. Corporation Name
GRECIAN GARDENS FOODS INC.

Principal Place of Business	Mailing Address
921 NE 199TH ST. #205 MIAMI FL 33179	921 NE 199TH ST. #205 MIAMI FL 33179

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/13/1993
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business
21: 700 N.E. 14 Ave
22 Suite, Apt. #, etc.: 312
23 City & State: Hallandale, FL.
24 Zip: 33009
25 County: USA

2a. Mailing Address
26: 700 N.E. 14 Ave
27 Suite, Apt. #, etc.: 312
28 City & State: Hallandale FL.
29 Zip: 33009
30 County: U.S.A.

4. FEI Number: 65-0403657 ☐ 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

KOUVELIS, XENOFON
~~921 NE 199TH ST.~~
~~#205~~
~~N. MIAMI FL 33179~~

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 700 N.E. 14 Ave., # 312
83
84 City: Hallandale FL 85 Zip Code: 33009

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	11 TITLE	President & Secretary	☑ Change ☐ Addition
NAME	KOUVELIS, XENOFON	12 NAME		
STREET ADDRESS	921 NE 199TH ST., #205	13 STREET ADDRESS	700 N.E. 14 Ave., # 312	
CITY-ST-ZIP	N. MIAMI FL 33179	14 CITY-ST-ZIP	Hallandale, FL. 33009	
TITLE	~~VP~~	21 TITLE		☒ Change ☐ Addition
NAME	~~RITA MUSSER~~	22 NAME		
STREET ADDRESS	~~921 NE 199TH ST., #205~~	23 STREET ADDRESS	~~700 N.E. 14 Ave., # 312~~	
CITY-ST-ZIP	~~N. MIAMI FL 33179~~	24 CITY-ST-ZIP	~~Hallandale, FL. 33009~~	
TITLE	Vice President, Treasurer	31 TITLE		☐ Change ☐ Addition
NAME	Musser, Rita	32 NAME		
STREET ADDRESS	700 N.E. 14 Avenue, #312	33 STREET ADDRESS		
CITY-ST-ZIP	Hallandale, FL. 33009	34 CITY-ST-ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 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: Rita Musser 7/11/95 (305) 458-2491
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0106530 CP