

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

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra L. Mathiam  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **P93000037546 (7)**

1. Corporation Name  
**DIMAIO FOODS CORP.**



Principal Place of Business  
**317 W ATLANTIC BLVD  
POMPANO BEACH FL 33060  
US**

Mailing Address  
**5383 ASCOT BEND  
BOCA RATON FL 33496**

2. Principal Place of Business

21 State, Apt. #, etc.  
22 City & State  
23 Zip Country

2a. Mailing Address

26 **317 W Atlantic Blvd**  
27 State, Apt. #, etc.  
28 **Pompano Bch FL**  
29 **33060** 30 Country

3. Date Incorporated or Qualified **05/25/1993** 3a. Date of Last Report **03/08/1995**

4. FEI Number **65-0414995** 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

**DIMAIO, ROBERT  
5383 ASCOT BEND  
BOCA RATON FL 33496**

10. Name and Address of New Registered Agent

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
**317 W ATLANTIC AVE BLVD**  
83  
84 City State Zip Code  
**POMPANO BCH FL 33060**

11. Pursuant to the provisions of Sections 607.020 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 607.020, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

DELETE

TITLE **D**  
NAME **DIMAIO, ROBERT**  
STREET ADDRESS **5383 ASCOT BEND**  
CITY, ST, ZIP **BOCA RATON FL 33496**

DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY, ST, ZIP

DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY, ST, ZIP

DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY, ST, ZIP

DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY, ST, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

Change  Addition

14 TITLE  
15 NAME  
16 STREET ADDRESS  
17 CITY, ST, ZIP

**317 W. Atlantic Blvd  
Pompano Bch FL 33060**

Change  Addition

18 TITLE  
19 NAME  
20 STREET ADDRESS  
21 CITY, ST, ZIP

Change  Addition

22 TITLE  
23 NAME  
24 STREET ADDRESS  
25 CITY, ST, ZIP

Change  Addition

26 TITLE  
27 NAME  
28 STREET ADDRESS  
29 CITY, ST, ZIP

Change  Addition

30 TITLE  
31 NAME  
32 STREET ADDRESS  
33 CITY, ST, ZIP

Change  Addition

14. I do hereby certify that the information supplied with this filing is true, accurate, timely and good and comply for the examination stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information included on this annual report or supplementary annual report is true and accurate and I, the undersigned, 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 the 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: *Robert A. Dimairo*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/15/96 305 946-0101

CFR2E034 (12/95)