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DIVISION OF CORPORATIONS
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CORPORATION
 ANNUAL REPORT
 1995



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

DOCUMENT # P93000053543 (3)
 1. Corporation Name
DIAMOND D FOOD ENTERPRISES, INC.

Principal Place of Business Mailing Address
1345 KATHLEEN RD. **1345 KATHLEEN RD.**
LAKELAND FL 33805 **LAKELAND FL 33805**

2. Principal Place of Business 2a. Mailing Address
 21 26
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 22 27
 City & State City & State
 23 28
 Zip Country Zip Country
 24 25 29 30

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 3a. Date of Last Report
07/30/1993 **04/05/1994**

4. FEI Number Applied For
59-3193431 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
ABDULLAH, TARIK
1345 KATHLEEN RD.
LAKELAND FL 33805

ABDULLAH

10. Name and Address of New Registered Agent
 B1 Name
 B2 Street Address (P.O. Box Number is Not Acceptable)
 B3
 B4 City FL B5 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 DATE
Signature, typed or printed name of registered agent and (if applicable) (NOTE: Registered Agent signature required when re-stating)

12. OFFICERS AND DIRECTORS	
TITLE	DPTS
NAME	ABDULLAH, TARIK ABDULLAH, Tarik
STREET ADDRESS	171-CREEKWOOD RUN
CITY - ST - ZIP	LAKELAND FL 33809
TITLE	D/VP
NAME	SOLEH NIDAL Soleh, Nidal
STREET ADDRESS	3268 PARKBROOK DR
CITY - ST - ZIP	GROVE CITY ON 43123
TITLE	D/VP
NAME	Kamal Osman
STREET ADDRESS	2437 Idlewild st #8
CITY - ST - ZIP	Lakeland FL 33801
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	D.P.T.S. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	ABDULLAH, Tarik
1.3 STREET ADDRESS	171 creekwood Run.
1.4 CITY - ST - ZIP	Lakeland FL 33809
2.1 TITLE	D/VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Soleh, Nidal
2.3 STREET ADDRESS	2443 Billiton ct.
2.4 CITY - ST - ZIP	Upper Arlington Ohio 43220
3.1 TITLE	D/VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	OSMAN, Kamal
3.3 STREET ADDRESS	2437 Idlewild st #8
3.4 CITY - ST - ZIP	Lakeland FL 33801
4.1 TITLE	
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	
6.2 NAME	
6.3 STREET ADDRESS	
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 110.07(3)(k), 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: *Tarik Abdullah* Tarik Abdullah 2-15-95 813-682-8251
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date District/Phone #