

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

**FILED**

**Jan 24 1997 8:00am  
Secretary of State**

**PROFIT CORPORATION ANNUAL REPORT 1997**



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: **1345 KATHLEEN RD. LAKELAND FL 33805**  
Mailing Address: **1345 KATHLEEN RD. LAKELAND FL 33805-3527**

|   |  |
|---|--|
| <b>3. Date Incorporated or Qualified</b><br>07/30/1993  | <b>3a. Date of Last Report</b><br>02/13/1996           |
| <b>4. FEI Number</b><br>59-3193431  | Applied For<br><input type="checkbox"/> Not Applicable |
| <b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/>   | <b>\$8.75 Additional Fee Required</b>                  |
| <b>6. Election Campaign Financing Trust Fund Contribution</b> <input checked="" type="checkbox"/>   | <b>\$5.00 May Be Added to Fees</b>                     |
| <b>8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes</b> <input type="checkbox"/> Yes <input type="checkbox"/> No |  |

|                                       |                               |
|---------------------------------------|-------------------------------|
| <b>2. Principal Place of Business</b> | <b>2a. Mailing Address</b>    |
| <b>21</b> Suite, Apt. #, etc.         | <b>26</b> Suite, Apt. #, etc. |
| <b>22</b> City & State                | <b>27</b> City & State        |
| <b>23</b> Zip                         | <b>28</b> Zip                 |
| <b>24</b> Country                     | <b>30</b> Country             |

**9. Name and Address of Current Registered Agent**

**ABDULLAH, TARIK**  
**171 CREEKWOOD RUN**  
**LAKELAND FL 33809**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**12. OFFICERS AND DIRECTORS**

|                |  |
|----------------|--|
| TITLE          | <b>DPTS</b> <input type="checkbox"/> DELETE            |
| NAME           | <b>ABDULLAH, TARIK</b>                                 |
| STREET ADDRESS | <b>171 CREEKWOOD RUN</b>                               |
| CITY- ST- ZIP  | <b>LAKELAND FL 33809</b>                               |
| TITLE          | <b>D/VP</b> <input checked="" type="checkbox"/> DELETE |
| NAME           | <del><b>SALEH, NIDAL</b></del>                         |
| STREET ADDRESS | <del><b>2443 BILLTON CT</b></del>                      |
| CITY- ST- ZIP  | <del><b>UPPER ARLINGTON OH</b></del>                   |
| TITLE          | <input type="checkbox"/> DELETE                        |
| NAME           |  |
| STREET ADDRESS |  |
| CITY- ST- ZIP  |  |
| TITLE          | <input type="checkbox"/> DELETE                        |
| NAME           |  |
| STREET ADDRESS |  |
| CITY- ST- ZIP  |  |
| TITLE          | <input type="checkbox"/> DELETE                        |
| NAME           |  |
| STREET ADDRESS |  |
| CITY- ST- ZIP  |  |

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

|                           |  |
|---------------------------|--|
| <b>1.1</b> TITLE          | <b>D/VP</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| <b>1.2</b> NAME           | <b>Thong S. Detsouvanh</b>   |
| <b>1.3</b> STREET ADDRESS | <b>1325 creekwood RUN</b>  |
| <b>1.4</b> CITY- ST- ZIP  | <b>Lakeland, FL. 33809</b>   |
| <b>2.1</b> TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition                        |
| <b>2.2</b> NAME           |  |
| <b>2.3</b> STREET ADDRESS |  |
| <b>2.4</b> CITY- ST- ZIP  |  |
| <b>3.1</b> TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition                        |
| <b>3.2</b> NAME           |  |
| <b>3.3</b> STREET ADDRESS |  |
| <b>3.4</b> CITY- ST- ZIP  |  |
| <b>4.1</b> TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition                        |
| <b>4.2</b> NAME           |  |
| <b>4.3</b> STREET ADDRESS |  |
| <b>4.4</b> CITY- ST- ZIP  |  |
| <b>5.1</b> TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition                        |
| <b>5.2</b> NAME           |  |
| <b>5.3</b> STREET ADDRESS |  |
| <b>5.4</b> CITY- ST- ZIP  |  |
| <b>6.1</b> TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition                        |
| <b>6.2</b> NAME           |  |
| <b>6.3</b> STREET ADDRESS |  |
| <b>6.4</b> CITY- ST- ZIP  |  |

**14.** I do hereby certify that the information supplied with this filing 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:** *Tarik Abdullah* **Tarik Abdullah** **1-9-97** **(941) 682-8251**

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)