

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P93000080931  
1. Corporation Name

AVN FOOD, INC.

Principal Place of Business

Mailing Address

1537 SHADY OAK DR.  
KISSIMMEE, FL. 34744

1537 SHADY OAK DR.  
KISSIMMEE, FL. 34744

3. Date Incorporated or Qualified  
11-23-93

3a. Date of Last Report

4. FEI Number  
59-3211469

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

10. Name and Address of New Registered Agent

81 Name  
INDU KAPADIA

82 Street Address (P.O. Box Number is Not Acceptable)

83  
1537 SHADY OAK DR.

84 City  
KISSIMMEE,

FL 85 34744

ANIL KAPADIA  
1537 OAK TREE DR.  
KISSIMMEE, FL. 34744

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 Anil S. Kapadia  
Signature, typed or printed name of registered agent and title if applicable

INDU KAPADIA  
(NOTE: Registered Agent signature required when reinstating)

5-9-96  
DATE

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE  
NAME ASHISH KAPADIA  
STREET ADDRESS 1537 SHADY OAK DR.  
CITY-ST-ZIP KISSIMMEE, FL. 34744

TITLE VP ☐ DELETE  
NAME INDU KAPADIA  
STREET ADDRESS 1537 SHADY OAK DR.  
CITY-ST-ZIP KISSIMMEE, FL. 34744

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
☐ Change ☐ Addition

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

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

800001843328 ☐ Change ☐ Addition  
-05/29/96--01136--002  
\*\*\*200.00

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)(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: Anil Kapadia  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-96 933-1350