

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P94000006922 (6)**

1. Corporation Name

KOSHER MEXICAN CORPORATION



Principal Place of Business

**6 SOUTH MAIN STREET
GAINESVILLE FL 32601
US**

Mailing Address

**P.O. BOX 448
MELROSE FL 32666
US**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

g. Name and Address of Current Registered Agent

**HOPE, A. BICE
408 UNIVERSITY AVE., STE. 406
GAINESVILLE FL 32601**

3. Date Incorporated or Qualified

01/19/1994

3a. Date of Last Report

02/22/1995

4. FEI Number

59-3228667

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

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

Signature of Registered Agent (Print Name and Address)

Signature of New Registered Agent (Print Name and Address)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	☐ DELETE
PD	MARTINEZ, DEBORAH	P.O. BOX 448 N/A	MELROSE FL 32666	
VD	MARTINEZ, ERNESTO	P.O. BOX 448 N/A	MELROSE FL 32666	
				☐ DELETE
				☐ DELETE
				☐ DELETE
				☐ DELETE
				☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	12 NAME	13 STREET ADDRESS	14 CITY-STATE-ZIP	☐ Change ☐ Addition
21 TITLE <td>22 NAME</td> <td>23 STREET ADDRESS</td> <td>24 CITY-STATE-ZIP</td> <td>☐ Change ☐ Addition</td>	22 NAME	23 STREET ADDRESS	24 CITY-STATE-ZIP	☐ Change ☐ Addition
31 TITLE <td>32 NAME</td> <td>33 STREET ADDRESS</td> <td>34 CITY-STATE-ZIP</td> <td>☐ Change ☐ Addition</td>	32 NAME	33 STREET ADDRESS	34 CITY-STATE-ZIP	☐ Change ☐ Addition
41 TITLE <td>42 NAME</td> <td>43 STREET ADDRESS</td> <td>44 CITY-STATE-ZIP</td> <td>☐ Change ☐ Addition</td>	42 NAME	43 STREET ADDRESS	44 CITY-STATE-ZIP	☐ Change ☐ Addition
51 TITLE <td>52 NAME</td> <td>53 STREET ADDRESS</td> <td>54 CITY-STATE-ZIP</td> <td>☐ Change ☐ Addition</td>	52 NAME	53 STREET ADDRESS	54 CITY-STATE-ZIP	☐ Change ☐ Addition
61 TITLE <td>62 NAME</td> <td>63 STREET ADDRESS</td> <td>64 CITY-STATE-ZIP</td> <td>☐ Change ☐ Addition</td>	62 NAME	63 STREET ADDRESS	64 CITY-STATE-ZIP	☐ Change ☐ Addition

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)(g) Florida Statutes. I further certify that the information indicated on this annual report or supplement 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-9-96 352-376-0750

CR2E034 (12/95)