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

CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P94000008611 (3) DOCUMENT #

FOOD ALL OVER INTERNATIONAL INC.

Principal Place of Business Mailing Address 1150 NW 72ND AVE 1150 NW 72ND AVE **STE 307** STE 307 MIAMI FL 33126 DO NOT WRITE IN THIS SPACE MIAMI FL 33126 3. Date Incorporated or Qualified 02/03/1994 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For Not Applicable 65-0467390 21 26 Suite, Apt #, etc. Suite, Apt #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Ζip Country Zip Country 8. This corporation owes or has paid the current year Intaggible Yes 30 Personal Property Tax due June 30. 24 25 29 9. Name and Address of Current Registered Agent Name and Address of New Registered Agent Name MARANGES, RAMON 8460 S.W. 83RD CT. Street Address (P.O. Box Number is Not Acceptable) **MIAMI FL 33143** 83 City Zip Cocie 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. SPTD DELETE Addition Change TITLE 1.1 TITLE MARANGES, RAMON 1.2 NAME NAME 8460 SW 83 CT 1.3 STREET ADDRESS STREET ADDRESS MIAMI FL CITY - ST - ZIP 1.4 CITY-ST-ZIP DELETE ☐ Change Addition TITLE 2.1 TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2. 4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 31 TITLE NAME 32 NAME 3.3 STREET ADDRESS STREET ADDRESS CHTY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - ZIP CITY - ST - ZIP ☐ Change Addition DELETE TITLE 5.1 TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 54 CiTY-ST-ZIP DELETE Change Addition 6.1 TITLE TITLE 6.2 NAME NAME

SIGNATURE: 🚣

STREET ADDRESS

14. Thereby 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. HALL RAMON MANTINGOS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

FILED

Mar 23 1998 8:00am

Secretary of State