SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT
1996

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

B 73810C

DOCUMENT # **P94000018770 (5)**

1. Corporation Name

APS FOODEX CORP.

Principal Place of Business	Mailing Address
775 ABBOTT ST. ST. LAURENT. QUEBEC. CANADA	775 ABBOTT ST. ST. LAURENT. QUEBEC. CANADA

3. Date Incorporated or Qualified: 03/07/1994
3a. Date of Last Report: 01/26/1995

2. Principal Place of Business	2a. Mailing Address
21 10720 WASHINGTON ST	26 10720 WASHINGTON ST
Suite, Apt. #, etc. 22 101	Suite, Apt. #, etc. 27 101
City & State 23 PEMBROKE PINES FL	City & State 28 PEMBROKE PINES, FL
Zip 24 33025	Country 25 USA
Zip 29 33025	Country 30 USA

4. FEI Number: 65-0471132 ☐ 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

9. Name and Address of Current Registered Agent

ZUCKER, MICHAEL
5037 WILLOW LEAF WAY
SARASOTA FL 34241

10. Name and Address of New Registered Agent

81 Name: PETER SILVER
82 Street Address (P.O. Box Number is Not Acceptable): 10720 WASHINGTON ST #101
83
84 City: PEMBROKE PINES FL 85 Zip Code: 33025

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: PETER SILVER (Signature, typed or printed name, of the person signing as registered agent and their capacity) (Registered Agent Signature required when reinstating) DATE: July 2, 1996

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SILVER, PETER 775 ABBOTT ST. ST LAURENT, QUEBEC, CANADA	☐ DELETE	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	VICE-PRES, TREASURER PEDRO ALEJANDRO PEREIRA ROTONDA PLAZA ESPANA, OPTICA NICA MANANGUA, NICARAGUA	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (3/96)

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 617, Florida Statutes; and that my name appears in Block 1 or Block 2 if changed, or on an attachment with an address.

SIGNATURE: PETER SILVER July 2, 1996 954-456-7780
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #