

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1996.
AMOUNT DUE ON OR BEFORE 8/9/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

**PROFIT
CORPORATION
ANNUAL REPORT
1995**



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

FILED

1995 JUL 13 AM 9:10

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # P94000041192 (3)

1. Corporation Name

LEDO & SONS FOOD, INC.

Principal Place of Business

Mailing Address

~~2229 SW 17TH TER
 MIAMI, FL 33145~~

~~2229 SW 17TH TER
 MIAMI, FL 33145~~

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

3a. Date of Last Report

06/02/1994

2. Principal Place of Business

2a. Mailing Address

21 1515 N.W. 27TH AVENUE

26 1515 N.W. 27TH AVENUE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

23 MIAMI FLORIDA

City & State

28 MIAMI FLORIDA

Zip

Country

24 33125

25 USA

Zip

Country

29 33125

30 USA

4. FEI Number

65-0502612

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

10. Name and Address of New Registered Agent

**LEDO, MANUEL
 -2229 SW 17TH TER
 MIAMI, FL 33145**

81 Name

LEDO, JOSE M.

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

2229 SW 17th TER

83

84 City

Miami

FL

85 Zip Code

33145

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

JOSE M. LEDO

June 19, 1995

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

LEDO, MANUEL

2229 SW 17TH TER

MIAMI, FL 33145

CITY - ST - ZIP

TITLE

LEDO, MARIA C

2229 SW 17TH TER

MIAMI, FL 33145

CITY - ST - ZIP

TITLE

LEDO, JOSE M

2229 SW 17TH TER

MIAMI, FL 33145

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

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

☐ Change ☐ Addition

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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 secretary or trustee empowered to execute this report as required by Chapter 007, Florida Statutes; and that my name appears in Block 12 or Block 13 (if changed) or on an appointment with an address.

SIGNATURE: +

JOSE M. LEDO, PRES.

Date

(Typed Name)

(305) 858-7213

CR2E034 (3/95)