FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
JIM SMITH
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
SEP 1 AM 11:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000076298 (6)

1. Corporate Name
INTERNATIONAL FOOD SYSTEMS, INC.

Principal Place of Business
12269 UNIVERSITY BLVD.
ORLANDO FL 32817

Mailing Address
~~12269 UNIVERSITY BLVD.~~
ORLANDO FL 32817

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/13/1994
3a. Date of Last Report:

2. Federal Place of Business
21
Suite Apt # or
22
City
23
24 25

2a. Mailing Address
26 P.O. BOX 678087
Suite Apt # or
27 (N/A)
City & State
28 ORLANDO FL
29 32867 30 USA

4. FEI Number: 59-3271831 — 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

6. Does corporation maintain a website? Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

HEINKEL, R. LAWRENCE
201 W. CANTON AVE.
NEW YORK-CANTON BLDG., SUITE 150
WINTER PARK FL 32789

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. [illegible]

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	ILTSOPOULOS, NICHOLAS
STREET ADDRESS	% P.O. BOX 678087 (N/A)
CITY ST ZIP	ORLANDO FL 32867
TITLE	D
NAME	SMITH, RALPH
STREET ADDRESS	% P.O. BOX 678087 (N/A)
CITY ST ZIP	ORLANDO FL 32867
TITLE	D
NAME	SMITH, CODY
STREET ADDRESS	% P.O. BOX 678087 (N/A)
CITY ST ZIP	ORLANDO FL 32867
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS

TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY ST ZIP	
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CITY ST ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY ST ZIP	

14. I hereby certify that the information supplied with this report is true and accurate and that my signature shall serve as my resignation as registered agent if I cease to be an officer or director of the corporation or the agent of the corporation. I further certify that I am familiar with and shall comply with the provisions of Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report or in a separate report with an address.

SIGNATURE: NICK ILTSOPOULOS 4.28.95 407 671-1760
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone

0000442 CP