FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

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

APPROVED
AND
FILED

95 MAY -1 PM 12:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000078997 (1)**

1. Corporate Name
DELICACIES UNLIMITED, INC.

Principal Place of Business	Mailing Address
10341 SW 45TH ST MIAMI FL 33165	10341 SW 45TH ST MIAMI FL 33165

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **10/27/1994**
3a. Date of Last Report:

2. Principal Place of Business — 21
2a. Mailing Address — 26
State Apt. # or Rm. — 22 / 27
City & State — 23 / 28
24 / 25 / 29 / 30

4. FEI Number: 65-0533172 — ☐ 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

7. Is this corporation operating in Florida as a limited liability company pursuant to Florida Statutes? ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

POZZUOLI, EDWARD J
790 E BROWARD BLVD
SUITE 200
FT LAUDERDALE FL 33301

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 Section 607.1622, 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. I am familiar with, and authorize, the corporation to comply with all requirements of Section 607.1622, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE	DP
NAME	ALVAREZ, MARIA
STREET ADDRESS	10341 SW 45TH ST
CITY-ST-ZIP	MIAMI FL 33165

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS, Part I — ☐ Change ☐ Addition

REMITTED AFTER MAY 1

14. To the best of my knowledge, the information supplied with the blanks is voluntarily furnished and does not apply 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 above, or on an attachment with an addition.

SIGNATURE: Maria Alvarez — 4/3/95 — (305) 225-3834

SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR OR OFFICER — Date — Daytime Phone #

0177350 CP