FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAY -1 PM 2:09

DOCUMENT # P94000080932 (4)

1. Corporate Name

AMERICAN FOOD CORPORATION

Principal Place of Business: 3900 W KENEDY BLVD, TAMPA FL 33609

Mailing Address: 3900 W KENEDY BLVD, TAMPA FL 33609

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/31/1994

3a. Date of Last Report:

4. FEI Number: 59-3271-656 [ ] 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. [X] Yes [ ] No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
OJEDA, ALDO 4144 N ARMENIA AVE, 350 TAMPA FL 33607	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 Sections 607.0502 and 617.0502, 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: Lloyd H Hanna Pres 4/27/95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	DP	[ ] Change [ ] Addition
NAME	HANNA, LLOYD H III	
STREET ADDRESS	3415 W HILLSBOROUGH AVE, 711	
CITY-ST-ZIP	TAMPA FL 33614	
TITLE	DV	[ ] Change [ ] Addition
NAME	PENA, ROBERT L JR	
STREET ADDRESS	3415 W HILLSBOROUGH AVE, 711	
CITY-ST-ZIP	TAMPA FL 33614	
TITLE	DST	[ ] Change [ ] Addition
NAME	ROMER, ANTHONY J III	
STREET ADDRESS	502 S WILLOW, 10	
CITY-ST-ZIP	TAMPA FL 33606	
TITLE		[ ] Change [ ] Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] Change [ ] Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] Change [ ] Addition
NAME		REMITTED BY MAY 1
STREET ADDRESS		
CITY-ST-ZIP		

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)(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.

SIGNATURE: Pres Lloyd H Hanna 4/27/95 875-6477

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0293731 CP