

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1996.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

PROFIT
CORPORATION
ANNUAL REPORT
1995



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

FILED

95 AUG -1 AM 11:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000086183 (8)

1. Corporation Name

SAGAR FOOD, INC.

Principal Place of Business

1537 SHADY OAK DR
KISSIMMEE FL 34744

Mailing Address

1537 SHADY OAK DR
KISSIMMEE FL 34744

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

11/29/1994

3a. Date of Last Report

2. Principal Place of Business

21

Suite, Apt. #, etc.

City & State

23

Zip

Country

24

2a. Mailing Address

26 2600 INT. SPEEDWAY BLVD

Suite, Apt. #, etc.

City & State

28 DELAND, FL. 34724

Zip

Country

29

30

4. FEI Number

59-3279542

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$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

CHOKSHI, DINESH
201 PARK PL
SUITE 207
ALTAMONTE SPRINGS FL 34744

10. Name and Address of New Registered Agent

81 Name

ANIL KAPADIA

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

1537 SHADY OAK RD.

83

84 City

KISSIMMEE, FL. 34744 FL

85 Zip Code
#5888

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 provisions of Section 607.0505, Florida Statutes.

SIGNATURE

X

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

(NOTE: Registered Agent signature required when reconstituting)

7/19/95

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

DPST
KAPADIA, ANIL
1537 SHADY OAK DR
KISSIMMEE FL 34744

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

DV
KAPADIA, INDU
1537 SHADY OAK DR
KISSIMMEE FL 34744

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

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 IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

☐ Change ☐ Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

☐ Change ☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

☐ Change ☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

☐ Change ☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

☐ Change ☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

☐ Change ☐ Addition

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)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my representation shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the member or trustee empowered to make 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: X

(Signature and typed or printed name of signing officer or director)

7/19/95

(Signature)