

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P94000086183  
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

3. Date Incorporated or Qualified: 11-29-94  
3a. Date of Last Report  
4. FEI Number: 59-3279542  
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

2. Principal Place of Business: 21  
2a. Mailing Address: 26  
Suite, Apt. #, etc.: 22  
City & State: 23  
Zip: 24 Country: 25  
City & State: 27  
City & State: 28  
Zip: 29 Country: 30

9. Name and Address of Current Registered Agent  
DINESH CHOKSHI  
201 PARK PLACE SUITE 207  
ALTAMONTE SPRINGS, FL. 32701

10. Name and Address of New Registered Agent  
81 Name: ANIL KAPADIA  
82 Street Address (P.O. Box Number is Not Acceptable):  
83 1537 SHADY OAK DR.  
84 City: KISSIMMEE FL 85 Zip Code: 34744

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: *Anil Kapadia* ANIL KAPADIA 5-6-96 DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P, S, T	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANIL KAPADIA	1.2 NAME	
STREET ADDRESS	1537 SHADY OAK DR.	1.3 STREET ADDRESS	
CITY-ST-ZIP	KISSIMMEE, FL. 34744	1.4 CITY-ST-ZIP	
TITLE	VP	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	INDU KAPADIA	2.2 NAME	
STREET ADDRESS	1537 SHADY OAK DR.	2.3 STREET ADDRESS	
CITY-ST-ZIP	KISSIMMEE, FL. 34744	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	500001843325
STREET ADDRESS		4.3 STREET ADDRESS	-05/29/96--01136--001
CITY-ST-ZIP		4.4 CITY-ST-ZIP	***200.00
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

*5-6-96*

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 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: *Anil Kapadia* 4-26-96 407-933-5350  
Date Daytime Phone #