

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000090164 (2)

1. Corporation Name

DELICIOUS FOODS OF FLORIDA, INC.



Principal Place of Business

Mailing Address

% 1757 W. 62ND STREET
HALEAH FL 33012
US

% 1757 W. 62ND STREET
HALEAH FL 33012
US

2. Principal Place of Business

2a. Mailing Address

21 4660 W 4 Ave

26

Suite, Apt. #, etc

Suite, Apt. #, etc

22

27

City & State

City & State

23 Haleah FL

28

Zip

Country

Zip

Country

24 32012

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified
12/12/1994

3a. Date of Last Report
05/01/1995

4. FEI Number

65-0550876

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

JULIA, ROBERT J
1757 W. 62ND STREET
HALEAH FL 33012

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 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

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
ST IGLESIAS, ZELMA
STREET ADDRESS
2457 COLLINS AVE., APT 1504
CITY - ST - ZIP
MIAMI BEACH FL

TITLE
NAME
VP ESTEVE, HERNBERTO
STREET ADDRESS
8871 SW 4TH LANE
CITY - ST - ZIP
MIAMI FL

TITLE
NAME
EVP ESTEVE, JORGE M
STREET ADDRESS
8861 SW 4TH LANE
CITY - ST - ZIP
MIAMI FL

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY - ST - ZIP

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY - ST - ZIP

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY - ST - ZIP

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY - ST - ZIP

VP Estere, Humberto
8871 SW 4 LANE
Miami FL

PRESIDENT
ROBERT JULIA
1757 W 62 ST
HALEAH FL 33012

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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment in an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/29/96 262-2828

CR2E034 (3/96)