FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



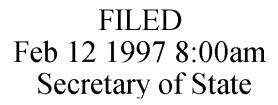
FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997 DOCUMENT # P9500000338 (0)

B&S FOODS, INC.





Principal Place of Business Mailing Address						ר נוספו ומשוושים בנות שיימים בנות שיימים בנות שיימים ווושיים אוווים אוווים אווימים ווושיים ווושיים ווושיים ווו				
4240 CORTEZ RD. WEST 4240 CORTEZ RD. WEST BRADENTON FL 34210 BRADENTON FL 34210-3121										
							3. Date Incorporated or Qualified 01/03/1995		te of Las)1/1996	
2. Principal P	Place of Business	2a.	. Mailing Address				4. FEI Number			Applied For
21		26					65-0544558			Not Applicable
Suite, Apt	#, etc.	27	Suite, Apt. #, etc.				5. Certificate of Status Desired			5 Additional Required
City & Stat	de	28	City & State				Election Campaign Financing Trust Fund Contribution			00 May Be ed to Fees
Zιp	Country	<u></u>	Zip	Cor	intry	/	8. This corporation has liability for			r s. 199.032,
24	25	29		30	,				No	
	g, Name and Address of Curre	nt Hegis	stered Agent		81	Name	10. Name and Address of New Re	gistered /	(gent	
	ER, OMAR				01	name				
4240 CORTEZ RD. WEST BRADENTON FL 34210					82	Street Add	et Address (P.O. Box Number is Not Acceptable)			
Driva	DENION PL 34210				83					
					84	City		FL	85 Z	ip Code
44 Durayant	to the provisions of Sections 607 066	72 and 6	207 1509 Florida Stat.	ton the n	2014	o parrod cor	portion submits this statement for the		obancia	a its registered
office or a agent. La	registered agent, or both, in the State arn familiar with, and accept the oblig	of Flori gations o	ida Such change was of, Section 607.0505, F	authorize Florida Sta	d by	y the corpora s.	poration submits this statement for the ation's board of directors. I hereby acce	pt the app	ointment	as registered
SIGNATURE	Signature typed or printed harve of registered ag	enl and litte	e if applicable (NC	OTE: Registere	d Age	eni signature requ	lired when reinstating)	DATE		
12.	OFFICERS AN	ID DIRE	CTORS	13.			ADDITIONS/CHANGES TO OFFI	CERS AND	DIRECT	ORS IN 12
TITLE	D		DELETE	1.171	TLE				☐ Chang	ge Addition
NAME	JABER, OMAR			1,2 N	AME					
STREET ADDRESS	4240 CORTEZ RD. WEST			1.3 S	TREET	T ADDRESS				
CITY-ST-ZIP	BRADENTON FL 34210			1.4 0	TY-5	57 - ZIP				
TITLE			DELETE	2.1 TI	TLE				☐ Chang	ge Addition
NAME				2.2 N	AME					
STREET ADDRESS				1		「ADDRESS				
CITY-S1-ZIP	<u> </u>		DELETE			ST-ZIP			Chang	e Addition
TOLE			₩ ÞETE1£	31 T)					C) DIMIN	le Firs Monitoli
NAME OTRALE LODGICAL				3.2 N						
STREET ADDRESS						T ADDRESS	•			
City - ST - ZIP TITLE			DELETE	4.1 1		ST-ZIP			Chang	e Addition
NAME			L	4.21						ga (
STREET ADDRESS	(ADDRESS				
City-ST-ZIP						ST - ZIP				
TITLE			DELETE	5.1 T				······	Chang	ge Addition
NAME				5.2 N	AME					
STREET ADDRESS				535	TAEET	T ADDRESS				
CITY-ST-ZIP				5.4 C	<u> </u>	ST-ZIP				
TITLE			DELETE	6.1 ₹)	TLE				Chang	e Addition
NAME				6.2 N	AME	1				
STREET ADDRESS				6.3 \$	TREET	T ADDRESS				
CITY-S1-2IP						ST-ZIP				
14 Ldc base	bu early that the intermetion bundle	and south t	his filing door not aus	life for the		motion atota	d in Cartion 110 07(2Vi) Florida Statut	an I divetto as		ant the

. I do nereby certury that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Fiorida 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 chaffiged, or on an attachment with an address.

SIGNATURE

CMANNE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2.5.97 941 (7565

Phone #