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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Morthada Secretary of State

DIVISION OF CORPORATIONS

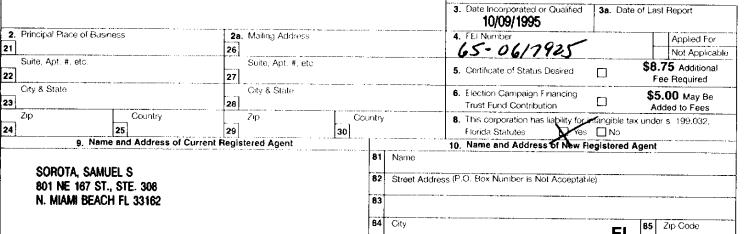
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**DOCUMENT #** ATHENEAN FOOD, INC.

Principal Place of Business Mailing Address

10466 TAFT STREET PEMBROKE PINES FL 33026 10466 TAFT STREET PEMBROKE PINES FL 33026



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 registers Lagran and stor Cupy south (NOTE: Build states) Agend segmant recogni-DATE 12. OFFICERS AND DIRECTORS (12/95)13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DELETE 1.1 Title F Change ■ Addition NAME STELLA FASOLIS 1.2 NAME CR2E034 STREET ADDRESS 1771 N.E. 139 #457-1.3 STREET ACORESS D-TY - S! - Z-P N. MIAMI, FL. 33/61 14 Cli y - \$1 - 7/2 THEF 2 1 101 F Char-ge Addition NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY - ST - ZIP 2.4 CHY - ST - ZID TITLE DELETE 3 1 TIFLE Change Addition NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4 CITY+ST ZIP TITLE DELETE 4 1 TITLE Change ☐ Addition NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY - ST - ZIP 4.4 CH1Y - ST - ZIP TITLE [ ] DELETE 5 1 TITLE [] Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-SI-ZIP 5.4 CITY - ST - ZIP TITLE DELETE 6.1 TITLE Change Add tion NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS COTY ST-ZIF 6.4 CiTy - \$1 - 7IP

14. Ido hareby 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 suppliemental 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

Daytone Phone #