

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000064503

1. Corporation Name
SANREMO SPECIALTY FOODS, INC.

Principal Place of Business
1614 CAMERBUR DRIVE
ORLANDO FL 32805

Mailing Address
1614 CAMERBUR DRIVE
ORLANDO FL 32805

FILED
Apr 26, 1999 8:00 am
Secretary of State

04-26-1999 90094 042 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/31/1996

4. FEI Number

59-3410289

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 owes the current year intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21 745 KIRKMAN RD

Suite, Apt. #, etc.

22 ORLANDO-FLORIDA

City & State

23 32811

Zip

Country

25 USA

2a. Mailing Address

26 745 KIRKMAN RD

Suite, Apt. #, etc.

27 ORLANDO-FLORIDA

City & State

28 32811

Zip

Country

30 USA

9. Name and Address of Current Registered Agent

DARIO, MISTRI
1614 CAMERBUR DRIVE
ORLANDO FL 32805

10. Name and Address of New Registered Agent

81 Name

DARIO MISTRI

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

745 KIRKMAN RD

83

84 City

ORLANDO

FL

85 Zip Code

32811

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]* Dario - Mistri President - Director 04-19-99
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME D MISTRI, DARIO

STREET ADDRESS 1614 CAMERBUR DRIVE

CITY-ST-ZIP ORLANDO FL 32805

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME D MISTRI, DARIO

1.3 STREET ADDRESS 745 KIRKMAN RD

1.4 CITY-ST-ZIP ORLANDO, FL. 32839

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

SIGNATURE: *[Signature]* H. Mistri 04-19-99 407-296-8778
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0097843

CR2E034 (11/98)