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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P96000065376** (1)

BARRACUDA FOODS INTERNATIONAL INC.

FILED May 08 1997 8:00am Secretary of State

- I I POLITIKI PIE FILIA	6180 ELFA LEDIOS IVILLENSES JULI 100	ł

Principal Place of I		Mailing Address									
8247 CITRUS CHASI ORLANDO FL 32836		8247 CITRUS CHASE ROAD ORLANDO FL 32836-5328									
							3. Date Incorporated or Qualified 08/06/1996	3a. Date o	f Last R	eport	
2. Principal Place	of Business		2a. Mailing Address 26 P.O. Box 2335			4. FEI Number 593398089	Applied For Not Applicable				
Suite, Apt. #, et	tc.	Suite, /	Apt. #, etc.				5. Certificate of Status Desired		8.75	Additional equired	
City & State		27 City &	State		<i>m</i> ,	<u> </u>	6. Election Campaign Financing			May Be	
23			FRMERE		FL	<i>H</i> ,	Trust Fund Contribution		Added	to Fees	
Zip 24	Country 25	3478	6-2335	30	Ountry	S.A.	8. This corporation has liability for i	ntangible tax Yes	under s lo	. 199.032,	
	Name and Address of Cu			130		2111	10. Name and Address of New Re				
COOKE.	PATRICK M				81	Name					
8247 CIT	TRUS CHASE ROAD		82			82 Street Address (P.O. Box Number is Not Acceptable)					
ORLAND	OO FL 32836				1		·				
			*		83						
					84	City		FL ^s	5 Zip	Code	
11. Pursuant to th	ne provisions of Sections 607.	0502 and 607.1508	. Florida Statut	es. the	above-i	named core	poration submits this statement for the p		anging i	ts registered	
office or regist	tered agent, or both, in the S miliar with, and accept the o	tate of Florida, Such	i change was a	authoriz	ed by t	he corpora	tion's board of directors. I hereby accept	the appoint	ment as	registered	
SIGNATURE											
Signa	ature, typed or printed name of registere		ie (NOT			signature requi	red when reinstating)	DATE			
12.	OFFICERS	AND DIRECTORS	DELETE	13		P	ADDITIONS/CHANGES TO OFFIC		Change	AS IN 12	
TITLE			☐ DEFEIR	1	TITLE			لسا	(A) KA ING	AUDITOR	
NAME STREET ADDRESS					name Street ac	ODECC D.	ike bower o. box 2335		"	1 /	
City - ST- ZiP					CITY-ST-	710	endermere, fla. 3	4786	•	1/3	
THE			DELETE		TITLE	20,			Change	Addilio	
NAME				2,2	NAME		en e	.el			
STREET ADDRESS				2.3	STREET AL	DORESS					
CITY ST-ZIP				2.4	4 City - St-	ZIP					
TILLE			DELETE	31	TITLE				Change	Additio	
NAME				3.2	NAME						
STHEET ADDRESS				3.3	STREET A	DAESS				•	
CITY-SI-ZP			T-1-22-22-2		I. CITY - ST	ZIP					
TTLF			☐ DELETE		TITLE			LJ	Change	L. Addilio	
NAME				ı	2 NAME						
STREET ADDRESS					STREET A	1					
CiTy - ST- ZIP			DELETE		CITY-ST-	ZIP			Change	Additio	
THELE NAME			L OCCUIL	- 4	NAME	-		لبا	- Grange	FIGURO	
					: NAME I STREET AI	nnpecc					
STREET ADDRESS											
CITY - ST - 7IP		· · · · · · · · · · · · · · · · · · ·	DELETE		TITLE	411			Change	Additio	
NAME				ı	NAME						
STREET ADDRESS					STREET AL	OURESS					
City SI-ZiP					CITY-ST-	I					
UII f - St - CP'				04	1 VII I - 51 -	<u> </u>					

14. If do 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 12 if the gett, or on an attachment with anyaddress.

SIGNATURE:

yume crione #