## ' 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 # P96000103119 (9)

CHOPRA FOOD GROUP V, INC.

**FILED** Jun 18 1997 8:00am Secretary of State

Principal Place 484 QUEENS B LAKE MARY FL	RIDGE DR 32746	Mailing Address  Mailing Address  Mailing Address  Mailing Address  780	999		BJ FILOL LIDDY IYOTO KOLI SUSTI	
	O.	lando 71.32	7878	12/24/1996	Date of Last Report	
2. Principal Pl	W. Colonial Dr.	26. Mailing Address 26. P.O. BOX	780999	4. FEI Number 59-34/5436	Applied For Not Applicable	
Sulte, Apt.	Halic.	Suite, Apt. #, etc.	100111	5. Certificate of Status Desired	\$8.75 Additional Fee Regulred	
City & State	<u> </u>	City & State	do H.	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
24 32 S	26 ORANGE	29 <b>32878</b> 30	Country	8. This corporation has liability for intaggib Florida Statutes Yes		
	9. Name and Address of Current	Registered Agent	04  11	10. Name and Address of New Registere	d Agent	
CHOPRA, RAVINDER K 484 QUEENS BRIDGE DR 81 Name 82 Street Add						
LAKE MARY FL 32746			82 Street Addre	82 Street Address (P.O. Box Number is Not Acceptable)		
	•		83			
			84 City		85 Zip Code	
44 Purcuant t	to the provisions of Sections 607 0502	and 607 1508. Florida Statutes	the above-named corp	oration submits this statement for the nurnose	of changing its registered	
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, typod 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 A	<del></del>	
TITLE	PVS Chopra, ravinder K	DELETE	1.1 TITLE		☐ Change ☐ Addition 6	
NAME OTOTEX ADDOCOS	484 QUEENS BRIDGE DR		1.2 NAME 1.3 STREET ADDRESS		100	
STREET ADDRESS CITY-ST-ZIP	LAKE MARY FL 32748		1.4 CHY-S1-ZIP		ם כי	
TITLE		DELETE	2.1 TITLE		Change Addition	
NAMÉ			2.2 NAME			
STREET ADDRESS			2.3 STREET ADDRESS			
CITY-ST-ZIP		DELETE	2. 4 City-St-ZiP		Change Addition	
TITLE		☐ DETLLE	3.1 TITLE 3.2 NAME		T Cuaride T Woninger	
NAME STREET ADDRESS			3.3 STREET ADDRESS		_	
CITY-ST-ZIP			3.4. CITY-ST-7IP			
TITLE		DELETE	4.1 117LE		Change Addition	
NAME			4 2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP			4.4 CHY-S1-ZIP			
TITLE		DELETE	5.1 TITLE		Change Addition	
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-ZIP		DELETE	5.4 CITY-ST-ZIP		Change Addition	
TITLE		☐ DELETE	. 6.1 TIBLE		Unange Audition	
NAME CYDEET ADDOCSS			G.2 NAME G.3 STREFT ADDRESS			
STREET ADDRESS			6.4 CITY - ST - ZIP			
14. do heret	oy certify that the information supplied	ith this filing does not qualify t	or the exemption stated	lin Section 119.07(3)(i), Florida Statutes. I furth	ner certify that the	

true and accurate and that my signature shall have the same legal effect as if made under eath; that wered to execute this report as required by Chapter 607, Florida Statutes; and that my name information indicated on this annual report of