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PROFIT CORPORATION ANNUAL REPORT
1999

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

DOCUMENT # P98000027604

1. Corporation Name
CATALINA FOOD PRODUCTS, INC.

Principal Place of Business	Mailing Address
8817 SCARLET OAK COURT JACKSONVILLE FL 32222	8817 SCARLET OAK COURT JACKSONVILLE FL 32222

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/25/1998

2. Principal Place of Business
21 3333 Waller St.
Suite, Apt. #, etc.: 22
City & State: 23 JAX. FL
Zip: 24 32254 Country: 25 USA

2a. Mailing Address
26 8817 Scarlet Oak Ct
Suite, Apt. #, etc.: 27
City & State: 28 JAX. FL
Zip: 29 32222 Country: 30 USA

4. FEI Number: 59-3508471 ☐ 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

9. Name and Address of Current Registered Agent

CUEVAS, MICHELE
8817 SCARLET OAK COURT
JACKSONVILLE FL 32222

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

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: Michele Cuevas/SECRETARY Michele Cuevas DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE	M	☑ Change ☐ Addition
NAME	CUEVAS, GABRIEL SR.		1.2 NAME		
STREET ADDRESS	8436 WAGENHALS ROAD		1.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL 32222		1.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	2.1 TITLE	VP	☑ Change ☐ Addition
NAME	CUEVAS, CATALINA		2.2 NAME		
STREET ADDRESS	8436 WAGENHALS ROAD		2.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL 32222		2.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	3.1 TITLE	P	☑ Change ☐ Addition
NAME	CUEVAS, GABRIEL JR.		3.2 NAME		
STREET ADDRESS	8817 SCARLET OAK COURT		3.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL 32222		3.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE	S	☑ Change ☐ Addition
NAME	CUEVAS, MICHELE		4.2 NAME		
STREET ADDRESS	8817 SCARLET OAK COURT		4.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL 32222		4.4 CITY-ST-ZIP		
TITLE	D	☑ DELETE	5.1 TITLE	D	☐ Change ☑ Addition
NAME	CUEVAS, RAFAEL		5.2 NAME	MANUEL CUEVAS	
STREET ADDRESS	8436 WAGENHALS ROAD		5.3 STREET ADDRESS	5535 BRENT STREET	
CITY-ST-ZIP	JACKSONVILLE FL 32222		5.4 CITY-ST-ZIP	JAX, FL 32244	
TITLE	D	☑ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	CUEVAS, ~~RAFAEL~~ CAROLINA		6.2 NAME		
STREET ADDRESS	8436 WAGENHALS ROAD		6.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL 32222		6.4 CITY-ST-ZIP		

CR2E034 (11/98)

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: Michele Cuevas SIGNATURE REQUIRED 4-12-99 (904) 573-9425
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #