

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morton
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

DOCUMENT # S21454

(1)

95 MAR 16 AM 10:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Corporation Name

ALMANARA FOOD CORP.

Principal Place of Business

DADELAND MALL
ROOM 1390
MIAMI FL 33156
US

Mailing Address

9703 S. DIXIE HWY.
SUITE #12
MIAMI FL 33156
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified
12/28/1990

3a. Date of Last Report
04/26/1994

4. FEI Number
65-0247689

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 has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip Country

28 Zip Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CALLEY, THOMAS W
2025 BRICKELL AVE
S1806
MIAMI FL 33129

81 Name

DENIS CORY

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

9703 South Dixie #12

83 OR

84 City MIA

85 Zip Code FL 33156

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 obligation of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and life if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	VD
NAME	CORY, DENIS
STREET ADDRESS	540 BRICKELL KEY DR #827
CITY-ST-ZIP	MIAMI FL
TITLE	PTD
NAME	CORY NETO, DAVID
STREET ADDRESS	RUA JOSE MARIA LISBOA, 41
CITY-ST-ZIP	SAO PAULO, BRAZIL
TITLE	D
NAME	CORY, DOUGLAS
STREET ADDRESS	RUA JOSE MARIA LISBOA 41
CITY-ST-ZIP	SAO PAULO, BRAZIL
TITLE	S
NAME	SKOLA, THOMAS, J
STREET ADDRESS	801 BRICKELL AVE 14TH FL
CITY-ST-ZIP	MIAMI FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
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 do hereby 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 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 in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

VD. 01/20/95

(305) 668 2537

Date

Signature Number