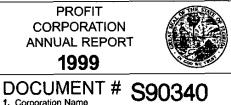
**PROFIT CORPORATION** ANNUAL REPORT

1999

1. Corporation Name



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## Mar 02, 1999 8:00 am Secretary of State

03-02-1999 90092 019 \*\*\*150.00

PACA FO	OODS, INC.									
Principal Place	e of Business	Mailing Address				-\	ii dari didii di	DAN BIBIN BIBI	I BIRII BIRII IORI	
Principal Place of Business  5212 CONE RD.  5212 CONE RD.  TAMPA FL 33610  US  US  Mailing Address  5212 CONE RD.  TAMPA FL 33610  US						DO NOT WRITE IN THIS SPACE				
} ~~						3. Date Incorporated or Qualifed				
					_	10/28/1991				
Principal Place of Business     Za. Mailing Address						4. FEI Number			Applied For	
21		26				65-0336628			Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certifcate of Status Desired			Additional	
22		27				<del> </del>	<del></del>	<del></del>	Required	<u></u>
City & State		City & State				6. Election Campaign Financing			May Be d to Fees	
23		Zip Country				Trust Fund Contribution			i to rees	
Zip	Country	Zip	30	u y		This corporation owes the currer     Personal Property Tax.	ent year inta	ingible Ves	□No	
24	9. Name and Address of Curren		<u> </u>			10. Name and Address of New R	eaistered A			
	5. Name and Address of Curren	it Kegistered Agent	E	31 Nan	ne					
ROB	BERT CABRAL									
	HICKORY CREEK BLVD		18	32 Stre	et Addre	ess (P.O. Box Number is Not Acceptal	ble)			
	NDON FL 33511		Į.	33						
]			L					<del></del>		
ਚੇ-			١	34 City	,		FL.	85   Zij	o Code	
11 Purcuant	to the provisions of Sections 607 050	2 and 607 1508 Florida Statutes	s the abo	ove-nam	ed corpo	pration submits this statement for the	ournose of a	changing i	ts registered	ł
Ti. Fuisuaiii	edistered agent, or both, in the State.	of Florida, Such change was auf	the stand b	46.0	moration	n's hoard of directors. I hereby accent	the appoin	tment as	registered	
office or r	ogiotoroa agora, or boar, in the otate	War and Darker COZ OFOE Flash	monzeu i	oy ine ci	n por autor	it's board of directors. I fieldby accep			.09.0000	
agent. I a	m familiar with, and accept the obliga	ations of, Section 607.0505, Florid	da Statut	es.	лрогаци	it's board of directors. I fieldby accep			. og.o.o.o	
agent. I at	m familiar with, and accept the obliga	itions of, Section 607.0505, Florid	da Statut	es.			DATE			
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agent. I all SIGNATURE	rn familiar with, and accept the obligation of t	nt and title if applicable (NOTE: F	Registered A	gent signati		when reinstating)	DATE	D DIREC	TORS IN 12	(00,17)
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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 suppliemental 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 of the receiver of tryistee 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 attactment with an address, with all other like empowered.

**SIGNATURE:** 

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR