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95 APR 24 AM 11:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT
1995

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

DOCUMENT # **S98969** **(6)**

1. Corporation Name
AK FOODS, INC.

Principal Place of Business	Mailing Address
2822 FORSYTH RD., M-06 WINTER PARK FL 32792	2822 FORSYTH RD., M-06 WINTER PARK FL 32792

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/09/1991
3a. Date of Last Report: 05/09/1994

2. Principal Place of Business	2a. Mailing Address
21 1271 La Quinta Dr.	26 1271 La Quinta Dr.
22 Suite #7	27 Suite #7
23 Orlando FL	28 Orlando FL
24 32809	29 32809
25 Country	30 Country

4. FEI Number: 59-3096508 ☐ 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

9. Name and Address of Current Registered Agent

MALAVE, KARLA M.
2822 FORSYTH RD M-6
WINTER PARK FL 32792

10. Name and Address of New Registered Agent

81 Name: malave Karla M.
82 Street Address (P.O. Box Number is Not Acceptable): 1271 La Quinta Dr. Suite #7
83
84 City: Orlando FL 85 Zip Code: 32809

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 _____ 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	P	1.1 TITLE	☑ Change ☐ Addition
NAME	MALAVE, KARLA M.	1.2 NAME	
STREET ADDRESS	3318 MISSION BAY #121	1.3 STREET ADDRESS	1271 La Quinta Drive Suite #7
CITY-ST-ZIP	ORALNDO FL	1.4 CITY-ST-ZIP	Orlando FL 32809
TITLE	VP	2.1 TITLE	☑ Change ☐ Addition
NAME	SANTANA, ANTONIO J.	2.2 NAME	
STREET ADDRESS	3318 MISSION BAY #121	2.3 STREET ADDRESS	1271 La Quinta Drive Suite #7
CITY-ST-ZIP	ORLANDO FL	2.4 CITY-ST-ZIP	Orlando FL 32809
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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)(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.

SIGNATURE: Karla Malave' 4/17/95 407-857-9100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CP