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 # V27443

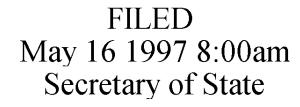
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oration Name	• — •	
FOOD CORPO	RATION	

Princ	cipal P	lace of	Busine	SS
1591	NW 77	TH WA	١Y	
			FL 330	24

Mailing Address

1591 NW 77TH WAY PEMBROKE PINES FL 33024-5232





• "				
2) 4), 5)			3. Date Incorporated or Qualified 04/06/1992	3a. Date of Last Report 08/12/1996
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21	26		65-0340735	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	City & State		6. Election Campaign Financing	\$5.00 May Be
23	28		Trust Fund Contribution	Added to Fees
Zip Country	Zip	Cpuntry	8. This corporation has liability for	
24 25	29	30		☐ Yes ☐ No
9, Name and Address of Currer	nt Registered Agent		10. Name and Address of New Re	········
AMIN, MOHAMMAD RUHUL 1591 N.W. 77 WAY PEMBROKE PINE FL 33024 11. Pursuant to the provisions of Sections 607.050 office or registered agent, or both, in the State agent. I am familiar with, and accept the oblig SIGNATURE	e of Florida. Such change was	82 Street Ad 83 84 City Utes, the above named cos authorized by the corpor	CADITAKRISIANA dress (P.O. Box Number is Not Accepta 1591 NW. 77 EMBYOKR Pines reportation submits this statement for the ation's board of directors. I hereby acceptadown	ble) WAY FL 85 Zip Code 33024 purpose of changing its registered
Signal fre, type for printed name of registered ag-	ent and title if applicable (NIII) ID DIRECTORS	OL: Registered Agent signature req	ADDITIONS/CHANGES TO OFFI	DATE CERS AND DIRECTORS IN 12
TITLE PT	⊠ DELETE	1.1 1011.6	RADHIKRISHNAN 5061 Tetherch Davie, FL-33331	Change Additio
NAME AMIN, MOHAMMAD RUHUL		1.2 NAME	RADHINKRISHNAN	
STREET ADDRESS 7650 STIRLING RD., #301-C		1.3 STHEET ADDRESS	5061 Tetherch	CH S.L
CITY-ST-ZIP DAVIE FL		1.4 CITY - ST- ZIP	Danie, FL-33331	
TITLE VP	Z ₹ DELETE	2 TITLE V	simon.k. Jost 7750 Tabt st, #7. Pembroke Pins-	Seu 🖫 Change 🔲 Additio
NAME BEGUM, JAKIA		2 \$ NAME	Simon K Jost	2 T 17
STREET ADDRESS 523 S.W. 20TH CT., #1		2.3 STREET ADDRESS	7750 Tabt 3th #7.	•
CITY-ST-ZIP BOYONTON BEACH FL		2.4 CILY - ST - ZIP	Pembroke Pines-	33024
THILE	☐ DELL'TE	3.1 TITLE	·	Change Madditio
NAME		3.2 NAME		
STREET ADDRESS		3.8 STREET ADDRESS		
CITY-ST-ZIP		3 4. CHY-ST-ZIP		
TITLE	☐ DELETE	4 i Dile		Change Additio
NAME		4.2 NAME		
STREET ADDRESS		4.8 STREET ADDRESS		
CJTY-ST-ZIP		4.4 CITY-ST-ZIP		
THLE .	☐ DELETE	5.) 1016		☐ Change ☐ Additio
NAME .		5.8 NAME		
STREET ADDRESS		5.B STREET ADDRESS		
CITY-ST-ZIP.		5.# CITY - ST - ZIP		
TITLE	☐ DELETE	6111116		Change Additio
NAME		6.P NAME		
STREET ADDRESS		6.B STREET ADDRESS		
2017y-91-71P		6 M CHY+S1-7IP		

44. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119,07(3)(i), Florida Statules. 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 Statules; and that my name appears in Block 12 or Block 13 if changed, or only in attachment with an address.