

**2017 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F02000001883

**Entity Name:** DANONE FOODS, INC.

**Current Principal Place of Business:**

800 BRICKELL AVENUE  
SUITE 1230  
MIAMI, FL 33131

**FILED**  
**Jun 28, 2017**  
**Secretary of State**  
**CC9182164483**

**Current Mailing Address:**

100 HILLSIDE AVENUE  
WHITE PLAINS, NY 10603 US

**FEI Number: 11-2574006**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

CORPORATE CREATIONS NETWORK, INC.  
11380 PROSPERITY FARMS ROAD #221E  
PALM BEACH GARDENS, FL 33410 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            LOZANO, MARIANO  
Address        100 HILLSIDE AVENUE  
City-State-Zip: WHITE PLAINS NY 10603

Title            VP AND TREASURER  
Name            FIDANZA, JOHN  
Address        100 HILLSIDE AVENUE  
City-State-Zip: WHITE PLAINS NY 10603

Title            VP AND ASST. TREASURER  
Name            ALCANTARA, JOSE  
Address        100 HILLSIDE AVENUE  
City-State-Zip: WHITE PLAINS NY 10603

Title            SECRETARY  
Name            WHITE, DANIELLE  
Address        100 HILLSIDE AVENUE  
City-State-Zip: WHITE PLAINS NY 10603

Title            DIRECTOR  
Name            DAVIS, LORNA  
Address        100 HILLSIDE AVENUE  
City-State-Zip: WHITE PLAINS NY 10603

Title            DIRECTOR  
Name            VALLE, GUSTAVO  
Address        100 HILLSIDE AVENUE  
City-State-Zip: WHITE PLAINS NY 10603

Title            DIRECTOR  
Name            THEODOREDIS, ROGER  
Address        100 HILLSIDE AVENUE  
City-State-Zip: WHITE PLAINS NY 10603

Title            DIRECTOR  
Name            CABANIS, CECILE  
Address        100 HILLSIDE AVENUE  
City-State-Zip: WHITE PLAINS NY 10603

**Continues on page 2**

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: DANIELLE WHITE**

**SECRETARY**

**06/28/2017**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title            DIRECTOR

Name            MARCEL, LAURENT

Address         100 HILLSIDE AVENUE

City-State-Zip: WHITE PLAINS NY 10603