

**2017 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P01646

**FILED**  
**Apr 27, 2017**  
**Secretary of State**  
**CC8104638077**

**Entity Name:** BAR-S FOODS CO.

**Current Principal Place of Business:**

5090 N 40TH ST  
STE 300  
PHOENIX, AZ 85018

**Current Mailing Address:**

5090 N 40TH ST  
STE 300  
PHOENIX, AZ 85018 US

**FEI Number:** 86-0409987

**Certificate of Status Desired:** No

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

CAPITOL CORPORATE SERVICES, INC.  
155 OFFICE PLAZA DR.  
SUITE A  
TALLAHASSEE, FL 32301 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 DIRECTOR  
Name DAY, TIMOTHY T  
Address 5090 N 40TH ST  
STE 300  
City-State-Zip: PHOENIX AZ 85018

Title PRESIDENT, DIRECTOR  
Name PANICO, WARREN J  
Address 5090 N 40TH ST  
STE 300  
City-State-Zip: PHOENIX AZ 85018

Title VICE PRESIDENT  
Name RAMOS, SERGIO  
Address 5090 N 40TH ST  
STE 300  
City-State-Zip: PHOENIX AZ 85018

Title VICE PRESIDENT  
Name SURIANO, MICHAEL J  
Address 5090 N 40TH ST  
STE 300  
City-State-Zip: PHOENIX AZ 85018

Title DIRECTOR  
Name KOPRIVA, ROBERT  
Address 5090 N 40TH ST  
STE 300  
City-State-Zip: PHOENIX AZ 85018

Title DIRECTOR  
Name GARZA SADA, ARMANDO  
Address AVE GOMEZ MORIN NO. 1111  
City-State-Zip: SAN PEDRO GARZA GARCIA NL  
66254

Title DIRECTOR  
Name GARZA, ALVARO FERNANDEZ  
Address AVE GOMEZ MORIN NO. 1111  
City-State-Zip: SAN PEDRO GARZA GARCIA NL  
66254

Title DIRECTOR  
Name BARRAGAN, ALEJANDRO ELIZONDO  
Address AVE GOMEZ MORIN NO. 1111  
City-State-Zip: SAN PEDRO GARZA GARCIA NL  
66254

**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:** MICHAEL J SURIANO

**VICE PRESIDENT-  
FINANCE**

**04/27/2017**

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

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name GONZALEZ, MARIO H PAEZ  
Address AVE GOMEZ MORIN NO. 1111  
City-State-Zip: SAN PEDRO GARZA GARCIA NL 66254

Title SECRETARY  
Name JIMENEZ, CARLOS  
Address AVE GOMEZ MORIN NO. 1111  
City-State-Zip: SAN PEDRO GARZA GARCIA NL  
66254

Title DIRECTOR  
Name FERNANDEZ, RODRIGO  
Address AVE GOMEZ MORIN NO. 1111  
City-State-Zip: SAN PEDRO GARZA GARCIA NL 66254