

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **V51645 (2)**

1. Corporation Name  
**PABLO'S MEXICAN FOODS, INC.**



Principal Place of Business: **ST RT 3 BOX 1404 SATSUMA FL 32189**  
Mailing Address: **ST RT 3 BOX 1404 SATSUMA FL 32189**

3. Date Incorporated or Qualified: **07/20/1992**  
3a. Date of Last Report: **04/25/1995**  
4. FEI Number: **58-3138540**  
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

2. Principal Place of Business: **21 W. Hwy 90 at I-75**  
22 State, Apt. #, Etc.:  
23 City & State: **Lake City, FL**  
24 Zip: **32055**  
25 Country:  
26 Mailing Address: **P.O. Box 2031**  
27 State, Apt. #, Etc.:  
28 City & State: **Lake City, FL**  
29 Zip: **32056**  
30 Country:

9. Name and Address of Current Registered Agent  
**JOHNS, WILLIAM  
STAR RT 3 BOX 1404  
SATSUMA FL 32189**

10. Name and Address of New Registered Agent  
81 Name:  
82 Street Address (P.O. Box Number is Not Acceptable):  
83  
84 City: **FL** 85 Zip Code:

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: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>P</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>JOHNS, BILL</b>	
STREET ADDRESS	<b>STAR RT 3, BOX 1404 NA</b>	
CITY-STATE-ZIP	<b>SATSUMA FL</b>	
TITLE	<del>Jose</del>	<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	<b>P</b>	<b>Jose C Ruiz</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME			
3. STREET ADDRESS		<b>211 Tucwain St.</b>	
4. CITY-STATE-ZIP		<b>Thomasville, GA. 31792</b>	
5. TITLE	<b>VP</b>	<b>Pedro Hernandez</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6. NAME			
7. STREET ADDRESS		<b>3792 40th way</b>	
8. CITY-STATE-ZIP		<b>Tallahassee, FL 32308</b>	
9. TITLE	<b>S</b>	<b>Anna Ruiz</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
10. NAME			
11. STREET ADDRESS		<b>211 Tucwain St.</b>	
12. CITY-STATE-ZIP		<b>Thomasville, GA. 31792</b>	
13. TITLE	<b>T</b>	<b>Sandra Ohrmund</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
14. NAME			
15. STREET ADDRESS		<b>6964 150th Pl.</b>	
16. CITY-STATE-ZIP		<b>Wellborn, FL. 32094</b>	
17. TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
18. NAME			
19. STREET ADDRESS			
20. CITY-STATE-ZIP			
21. TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
22. NAME			
23. STREET ADDRESS			
24. CITY-STATE-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)(k), Florida Statutes. I further certify that the information indicated on this annual report or single member 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: *William Johns* **4-25-96** **904 3252821**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)