

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

CORPORATION  
ANNUAL REPORT  
1995



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 FEB 20 PM 3:41

DOCUMENT # 550015 (2)

1. Corporation Name  
SELECT MEATS, INCORPORATED

|                                       |                                       |
|---------------------------------------|---------------------------------------|
| Principal Place of Business           | Mailing Address                       |
| 7842 N.W. 72ND AVE.<br>MIAMI FL 33166 | 7842 N.W. 72ND AVE.<br>MIAMI FL 33166 |

DO NOT WRITE IN THIS SPACE.

|  |   |
|--|---|
| 3. Date Incorporated or Qualified<br>10/25/1977  | 3a. Date of Last Report<br>06/21/1994                   |
| 4. FEI Number<br>59-1790226  | Applied For<br><input type="checkbox"/> Not Applicable  |
| 5. Certificate of Status Desired   | <input type="checkbox"/> \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution   | <input type="checkbox"/> \$5.00 May Be Added to Fees    |
| 8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No |   |

|                                |                        |        |            |
|--------------------------------|------------------------|--------|------------|
| 2. Principal Place of Business | 2a. Mailing Address    |        |            |
| 21 Suite, Apt. #, etc.         | 26 Suite, Apt. #, etc. |        |            |
| 22 City & State                | 27 City & State        |        |            |
| 24 Zip                         | 25 Country             | 29 Zip | 30 Country |

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GREENE, MICHAEL STEVEN  
777 BRICKELL AVE., SUITE 1120  
MIAMI FL 33131

|   |             |
|---|-------------|
| 81 Name   | 85 Zip Code |
| 82 Street Address (P.O. Box Number is Not Acceptable) |             |
| 83  |             |
| 84 City   | FL          |

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when constituting)

DATE

| 12. OFFICERS AND DIRECTORS |                        |
|----------------------------|------------------------|
| TITLE                      | PD                     |
| NAME                       | GRANAT, ROBERT         |
| STREET ADDRESS             | 10320 SW 125TH ST.     |
| CITY- ST- ZIP              | MIAMI FL               |
| TITLE                      | D                      |
| NAME                       | GRANAT, JOAN           |
| STREET ADDRESS             | 10320 SW 125TH ST.     |
| CITY- ST- ZIP              | MIAMI FL               |
| TITLE                      | VP                     |
| NAME                       | GRANAT, W.H.           |
| STREET ADDRESS             | 7842 N.W. 72ND AVE.    |
| CITY- ST- ZIP              | MIAMI FL               |
| TITLE                      | D                      |
| NAME                       | GREENE, MICHAEL STEVEN |
| STREET ADDRESS             | 777 BRICKELL AVE 1120  |
| CITY- ST- ZIP              | MIAMI FL               |
| TITLE                      | S                      |
| NAME                       | LOWE, MARGARET         |
| STREET ADDRESS             | 7842 NW 72ND AVE       |
| CITY- ST- ZIP              | MIAMI FL               |
| TITLE                      | T                      |
| NAME                       | DIAZ, ROGER            |
| STREET ADDRESS             | 7842 NW 72ND AVE.      |
| CITY- ST- ZIP              | MIAMI FL               |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |
|---|---|
| 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME  |   |
| 1.3 STREET ADDRESS                                    |   |
| 1.4 CITY- ST- ZIP                                     |   |
| 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME  |   |
| 2.3 STREET ADDRESS                                    |   |
| 2.4 CITY- ST- ZIP                                     |   |
| 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME  |   |
| 3.3 STREET ADDRESS                                    |   |
| 3.4 CITY- ST- ZIP                                     |   |
| 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME  |   |
| 4.3 STREET ADDRESS                                    |   |
| 4.4 CITY- ST- ZIP                                     |   |
| 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME  |   |
| 5.3 STREET ADDRESS                                    |   |
| 5.4 CITY- ST- ZIP                                     |   |
| 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME  |   |
| 6.3 STREET ADDRESS                                    |   |
| 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 110.07(3)(k), 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 given attachment with an address.

SIGNATURE:

*Margaret Lowe* Secretary - MARGARET LOWE 2/15/95 3058870100  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE (Signature from 8)