

**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

**FILED**  
**May 01, 1996 08:00 AM**  
Secretary of State

DOCUMENT # **550015** (2)  
1. Corporation Name  
**SELECT MEATS, INCORPORATED**



Principal Place of Business: **7842 N.W. 72ND AVE. MIAMI FL 33166**  
Mailing Address: ~~7842 N.W. 72ND AVE. MIAMI FL 33166~~

3. Date Incorporated or Qualified: **10/25/1977**  
3a. Date of Last Report: **02/20/1995**  
4. FEI Number: **59-1790226**  
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**  
2a. Mailing Address: **26** ~~10 MICHAEL STEVEN GREENE, ESQ.~~  
**27** **201 S. BISCAYNE BLVD, STE 900**  
**28** **MIAMI, FL**  
**29** **33131**  
**30** **U.S.A.**

9. Name and Address of Current Registered Agent  
**GREENE, MICHAEL STEVEN**  
~~**777 BRICKELL AVE., SUITE 1120**~~  
**MIAMI FL 33131**

10. Name and Address of New Registered Agent  
**81** Name  
**82** Street Address (P.O. Box Number is Not Acceptable)  
**201 S. BISCAYNE BLVD., STE. 900**  
**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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '92	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRANAT, ROBERT	1.2 NAME	
STREET ADDRESS	10320 SW 125TH ST.	1.3 STREET ADDRESS	<b>100001822591</b>
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	<b>-05/15/96--01055--023</b>
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRANAT, JOAN	2.2 NAME	<b>***200.00</b>
STREET ADDRESS	10320 SW 125TH ST.	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	
TITLE	VP	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRANAT, W.H.	3.2 NAME	<b>VP</b>
STREET ADDRESS	7842 N.W. 72ND AVE.	3.3 STREET ADDRESS	<b>DIAZ, ROGER</b>
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	<b>7842 N.W. 72ND AVE</b>
TITLE	D	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GREENE, MICHAEL STEVEN	4.2 NAME	<b>MIAMI, FL 33166</b>
STREET ADDRESS	<del>777 BRICKELL AVE 1120</del>	4.3 STREET ADDRESS	<b>201 S. BISCAYNE BLVD. STE. 900</b>
CITY-ST-ZIP	MIAMI FL	4.4 CITY-ST-ZIP	
TITLE	S	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOWE, MARGARET	5.2 NAME	
STREET ADDRESS	7842 NW 72ND AVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	5.4 CITY-ST-ZIP	
TITLE	T	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DIAZ, ROGER	6.2 NAME	<b>TREASURER</b>
STREET ADDRESS	7842 NW 72ND AVE.	6.3 STREET ADDRESS	<b>ROSENBERG, MICHAEL</b>
CITY-ST-ZIP	MIAMI FL	6.4 CITY-ST-ZIP	<b>7842 NW 72ND AVE</b>

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 19.07(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 on an attachment with an address.

SIGNATURE: *Margaret Lowe* **3/25/96 3058870107**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)