

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
Apr 25 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

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

Principal Place of Business: 7842 N.W. 72nd Ave. Miami, FL 33166
Mailing Address: c/o MICHAEL STEVEN GREENE ESQ. 201 S. Biscayne Blvd., STE 900 MIAMI FL 33131-4326

3. Date Incorporated or Qualified 10/25/1977	3a. Date of Last Report 05/01/1996
4. FEI Number 59-1790226	Applied For 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent GREENE, MICHAEL STEVEN 201 SOUTH BISCAYNE BOULEVARD SUITE 900 MIAMI FL 33131	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code FL
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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: _____
NOTE: Registered Agent's signature required when reinstating!

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PD	NAME: GRANAT, ROBERT	1.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
STREET ADDRESS: 10320 SW 125TH ST.	CITY-STATE-ZIP: MIAMI FL	1.2 NAME	
TITLE: D	NAME: GRANAT, JOAN	1.3 STREET ADDRESS	Change <input type="checkbox"/> Addition <input type="checkbox"/>
STREET ADDRESS: 10320 SW 125TH ST.	CITY-STATE-ZIP: MIAMI FL	1.4 CITY-STATE-ZIP	
TITLE: VP	NAME: DIAZ, ROGER	2.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
STREET ADDRESS: 7842 N.W. 72ND AVE.	CITY-STATE-ZIP: MIAMI FL 33166	2.2 NAME	
TITLE: D	NAME: GREENE, MICHAEL STEVEN	2.3 STREET ADDRESS	Change <input type="checkbox"/> Addition <input type="checkbox"/>
STREET ADDRESS: 201 S. BISCAYNE BLVD., STE 900	CITY-STATE-ZIP: MIAMI FL 33131	2.4 CITY-STATE-ZIP	
TITLE: S	NAME: LOWE, MARGARET	3.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
STREET ADDRESS: 7842 NW 72ND AVE	CITY-STATE-ZIP: MIAMI FL	3.2 NAME	
TITLE: T	NAME: ROSENBERG, MICHAEL	3.3 STREET ADDRESS	Change <input type="checkbox"/> Addition <input type="checkbox"/>
STREET ADDRESS: 7842 N.W. 72ND AVE.	CITY-STATE-ZIP: MIAMI FL 33166	3.4 CITY-STATE-ZIP	
		4.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
		4.2 NAME	
		4.3 STREET ADDRESS	Change <input type="checkbox"/> Addition <input type="checkbox"/>
		4.4 CITY-STATE-ZIP	
		5.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
		5.2 NAME	
		5.3 STREET ADDRESS	Change <input type="checkbox"/> Addition <input type="checkbox"/>
		5.4 CITY-STATE-ZIP	
		6.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
		6.2 NAME	
		6.3 STREET ADDRESS	Change <input type="checkbox"/> Addition <input type="checkbox"/>
		6.4 CITY-STATE-ZIP	

[Handwritten Signature]
4/25/97

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***165.00

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 on all filers through my address.

SIGNATURE: *Robert [Signature]* 4/21/97 (305) 887-0100