

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

FILED
Apr 15, 1999 8:00 am
Secretary of State

04-15-1999 90040 037 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 550015

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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29
25	30

3. Date Incorporated or Qualified 10/25/1977	
4. FEI Number 59-1790226	Applied For <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 owes the current year Intangible Personal Property Tax.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent

GREENE, MICHAEL STEVEN
201 S. BISCAYNE BLVD.
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	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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRANAT, ROBERT	1.2 NAME	
STREET ADDRESS	10320 SW 125TH ST.	1.3 STREET ADDRESS	446 POINCIANA ISLAND DRIVE
CITY-ST-ZIP	MIAMI FL 33176	1.4 CITY-ST-ZIP	SUNNY ISLES, FL 33160
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRANAT, JOAN	2.2 NAME	
STREET ADDRESS	10320 SW 125TH ST.	2.3 STREET ADDRESS	446 POINCIANA ISLAND DRIVE
CITY-ST-ZIP	MIAMI FL 33176	2.4 CITY-ST-ZIP	SUNNY ISLES, FL 33160
TITLE	VP <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DIAZ, ROGER	3.2 NAME	
STREET ADDRESS	7842 N.W. 72ND AVE.	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33166	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GREENE, MICHAEL STEVEN	4.2 NAME	
STREET ADDRESS	201 S. BISCAYNE BLVD., STE 900	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33131	4.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	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 33166	5.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROSENBERG, MICHAEL	6.2 NAME	
STREET ADDRESS	7842 N.W. 72ND AVE.	6.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33166	6.4 CITY-ST-ZIP	

14. I 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, or on an attachment with an address, with all other like empowered.

SIGNATURE: Margaret Lowe MARGARET LOWE 2/24/99 3058870100
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1-1/98)