

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

CORPORATION  
ANNUAL REPORT  
1995



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

**FILED**  
**SECRETARY OF STATE**  
**DIVISION OF CORPORATIONS**

95 FEB 24 PM 4: 08

DOCUMENT # **S64318** (6)

1. Corporation Name  
**APPETITES, INC.**

Principal Place of Business: **18220 W DIXIE HWY MIAMI FL 33160**  
Mailing Address: **18220 W DIXIE HWY MIAMI FL 33160**

DO NOT WRITE IN THIS SPACE

3. Filing period (or calendar year)	3a. Date of Filing Period
<b>07/01/1991</b>	<b>05/01/1994</b>
4. FEI Number	Applied For Non-Application
<b>65-0273707</b>	
5. Certificate of Status Desired	<b>\$8.75 Additional Fee Required</b>
6. Estimated Corporate Income Tax and Trust Fund Contributions	<b>\$5.00 May Be Added to Fees</b>
8. Does corporation have liability for intangible tax under Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

2. Principal Place of Business	2a. Mailing Address
21	26 <b>16499 N.E. 19 AVE</b>
22 Suite, Apt. #, etc.	27 State, Apt. #, etc.
	27 <b>107</b>
23 City & State	28 City & State
	28 <b>MIAMI</b>
24 Zip	29 Country
	29 <b>33162</b>
	30 <b>Dade</b>

9. Name and Address of Current Registered Agent

**RICHARD MILLER  
18220 W DIXIE HWY  
MIAMI FL 33160**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83 City	
84 State	<b>FL</b>
85 Zip	

11. Pursuant to the provisions of Sections 607.0803 and 607.1508, Florida Statutes, the above named corporation submits the 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, thereby accept the appointment of registered agent, if applicable, and accept the obligations of Section 607.0805, Florida Statutes.

SIGNATURE: \_\_\_\_\_ (Signature) \_\_\_\_\_ (Print Name)

12. OFFICERS AND DIRECTORS

12.1 NAME	<b>D MOSCOVITCH, STEVE</b>
12.2 STREET ADDRESS	<b>400 KINGS POINT RD</b>
12.3 CITY, ST, ZIP	<b>MIAMI BEACH FL</b>
12.4 NAME	
12.5 STREET ADDRESS	
12.6 CITY, ST, ZIP	
12.7 NAME	
12.8 STREET ADDRESS	
12.9 CITY, ST, ZIP	
12.10 NAME	
12.11 STREET ADDRESS	
12.12 CITY, ST, ZIP	
12.13 NAME	
12.14 STREET ADDRESS	
12.15 CITY, ST, ZIP	

13. ADDITIONAL OFFICERS AND DIRECTORS

13.1 NAME		<input type="checkbox"/> Corp <input type="checkbox"/> Agent
13.2 STREET ADDRESS		
13.3 CITY, ST, ZIP		
13.4 NAME		<input type="checkbox"/> Corp <input type="checkbox"/> Agent
13.5 STREET ADDRESS		
13.6 CITY, ST, ZIP		
13.7 NAME		<input type="checkbox"/> Corp <input type="checkbox"/> Agent
13.8 STREET ADDRESS		
13.9 CITY, ST, ZIP		
13.10 NAME		<input type="checkbox"/> Corp <input type="checkbox"/> Agent
13.11 STREET ADDRESS		
13.12 CITY, ST, ZIP		
13.13 NAME		<input type="checkbox"/> Corp <input type="checkbox"/> Agent
13.14 STREET ADDRESS		
13.15 CITY, ST, ZIP		

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not apply for the exemption of federal income tax under Section 1361 of the Internal Revenue Code. I also certify that the information included on this annual report or supplemental annual report is true and accurate and that my signature shall give the same legal effect as if made and subscribed by me in person or by my attorney-in-fact or other duly authorized representative. I understand that my name appears on Block 12 or Block 13 (as applicable) on an attachment to this report as required by Chapter 607, Florida Statutes, and that my name

SIGNATURE: *Richard Miller*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*2/24/95*