

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

PROFIT 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 JUL 24 AM 11:06

DOCUMENT # **S94935** (1)

1. Corporation Name
AMERICAN FINE FOOD CORPORATION

Principal Place of Business Mailing Address
**11801 N.W. 101ST ROAD
STE. 6
MEDLEY FL 33178
US** **11801 NW 101 RD.
#6
MEDLEY FL 33178
US**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2a. Mailing Address
21 **1342 N.W. 78th ave** 26 **1342 N.W. 78th ave**
State, Apt. #, etc. Suite, Apt. #, etc.
22 **Suite D** 27 **Suite D**
City & State City & State
23 **Miami, FL** 28 **Miami, FL**
24 **33126** 25 **U.S.** 29 **33126** 30 **U.S.**

3. Date Incorporated or Qualified **11/18/1991** 3a. Date of Last Report **08/12/1994**
4. FEI Number **11-2919779** Applied For Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. This corporation has filed a **\$5.00 May Be Added to Fees**
7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

8. Name and Address of Current Registered Agent
**MASSEY, GARY E
112 W CITRUS ST
ALTAMONTE SPRINGS FL 32714**

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 607.0507 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: **GARY Massey** 8-6-95

12. OFFICERS AND DIRECTORS

12.1 TITLE	D
12.2 NAME	AMOUDI, OMAR
12.3 STREET ADDRESS	11801 NW 101 RD., #6
12.4 CITY, ST, ZIP	MEDLEY FL
12.5 TITLE	PC
12.6 NAME	AMOUDI, WISSAM
12.7 STREET ADDRESS	11801 NW 101 RD., #6
12.8 CITY, ST, ZIP	MEDLEY FL
12.9 TITLE	
12.10 NAME	
12.11 STREET ADDRESS	
12.12 CITY, ST, ZIP	
12.13 TITLE	
12.14 NAME	
12.15 STREET ADDRESS	
12.16 CITY, ST, ZIP	

13. Additional Officers and Directors

13.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
13.2 NAME	Amoudi, Omar
13.3 STREET ADDRESS	1342 NW 78th ave Suite D
13.4 CITY, ST, ZIP	Miami, FL - 33126
13.5 TITLE	PC <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
13.6 NAME	Amoudi, Wissam
13.7 STREET ADDRESS	1342 NW 78th ave Suite D
13.8 CITY, ST, ZIP	Miami, FL 33126
13.9 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.10 NAME	
13.11 STREET ADDRESS	
13.12 CITY, ST, ZIP	
13.13 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.14 NAME	
13.15 STREET ADDRESS	
13.16 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 119.07(3)(b), 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 1007, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **Wissam Amoudi** (305) 392-5000

CR2E034 (3/95)