

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

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95 MAY -1 AM 10:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995



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

DOCUMENT # V49962 (6)

1. Corporation Name
CATER IT, INC.

Principal Place of Business: 10585 SW 109TH CT SUITE 210 MIAMI FL 33176

Mailing Address: 10585 SW 109TH CT SUITE 210 MIAMI FL 33176

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 9930 S.W. 87th St.		2a. Mailing Address 26 9930 S.W. 87th St.		3. Date Incorporated or Qualified 07/13/1992	3a. Date of Last Report 05/01/1994
22 Suite, Apt #, etc		27 Suite, Apt #, etc		4. FEI Number 65-0343984	Applied For Not Applicable
23 City & State Miami, FL		28 City & State Miami, FL		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
24 Zip 33173		29 Zip 33173		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
25 Country		30 Country		8. This corporation has liability for intangible tax under S 199 032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
REICHSTEIN, GIDON 10585 SW 109TH CT 6190 NW 173 ST APT 623 MIAMI FL 33015				9930 S.W. 87th St. MIAMI FL 33173			
81 Name				82 Street Address (P.O. Box Number is Not Acceptable) Delete only: "10585 S.W. 109th Ct."			
83 Other information is correct.				84 City			
				FL		85 Zip Code	

11. Pursuant to the provisions of Sections 607 02 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: *Gidon Reichstein* DATE: 4/28/95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPS	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REICHSTEIN, GIDON	1.2 NAME	
STREET ADDRESS	6190 NW 173RD ST #623	1.3 STREET ADDRESS	
CITY ST ZIP	MIAMI FL	1.4 CITY ST ZIP	-33015 33173
TITLE	DT	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REICHSTEIN, NILI E	2.2 NAME	
STREET ADDRESS	6190 NW 173RD ST #623	2.3 STREET ADDRESS	
CITY ST ZIP	MIAMI FL	2.4 CITY ST ZIP	33015 33173
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	500001477375
CITY ST ZIP		3.4 CITY ST ZIP	-05/08/95--01010--004
TITLE		4.1 TITLE	***200.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY ST ZIP		4.4 CITY ST ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY ST ZIP		5.4 CITY ST ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY ST ZIP		6.4 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 noted in Sections 119 07(3)(b), Florida Statutes. I further certify that the information included in 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. I am an officer or director of the corporation or the receiver or trustee empowered by statute to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of change 1, or as an attachment with an address.

SIGNATURE: *Gidon Reichstein* DATE: 4/28/95 (305) 596-2433

Gidon Reichstein
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR