CORF	PROFIT CORPORATION ANNUAL REPORT 1996		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS				
DOCUN 1. Corporation FOOD S		37	(9)				
Principal Place	of Business	Mailing Add	ress			FBB1 81811 81811 8FB11 87811 8	
7901 LUDLAM SO MIAMI FL			7901 LUDLAM RD SO MIAMI FL 33143		Date Incorporated or Qualified 03/02/1972	3a. Date of Last Re 05/01/199	
2. Principal Pla	ce of Business	2a. Mailing /	Address		4. FEI Number	Ĺ A	pplied For
Suite, Apl. #	, etc.	26 Suite, Ap	ot.#, etc.	· · · · · · · · · · · · · · · · · · ·	59-1384471 5. Certificate of Status Desired		ot Applicable Additional
City & State		27 City & S	tate		6. Election Campaign Financing	Fee H	equired May Be
23		28	·····		Trust Fund Contribution	Ll Added	to Fees
Zip 24	Country 25	Zip 29		Country 30		□ No	199.032,
	9. Name and Address of Curi	rent Registered Ag	ent	81 Name	10. Name and Address of New F	egistered Agent	
or registere familiar with SIGNATURE	o the provisions of Soctions 607.05 of agent, or both, in the State of Fin, and accept the obligations of, Society, byte of registers of agencies byte of agencies of agencies.	orida, Such change cotion 607,0505, Flo port and tild if applicable	was authorized rida Statutes.	I by the corporation's bo		pose of changing its re pintment as registered	agent. 1 am
TITLE NAME STREET ADDRESS	V DEUTSCH, ELLIOT J 7901 LUDLAM RD	AND DIRECTORS	DELFTE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS	ADDITIONS/CHANGES TO OFF	Change	Addition
CITY-SI-ZIP	\$ MIAMI, FL 00000		L DE) ETE	1.4 CITY+ST-ZIP	DIRECTOR	T4 Change	[] Addition
NAME STREET ADDRESS CITY-ST-ZIP	PD Harris, Larry J 7901 Ludlam RD S Miami. Fl 00000	L.) DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	bjacors —	[⊆ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V WILNER, BRUCE S. 7901 LUDLAM RD. S. MIAMI FL	<u> </u>] DELETE	3. 1 TITLE 3.2 NAME 3.3. STREET ADDRESS 3.4 CVY+S1-ZIP	EXECUTIVE UP	C hange	Addition
TITLE NAME STREET ADDRESS] DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS	3000018	□ Change 13153	Addition
GITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	;) DELETE	4 4 CITY - ST - ZIP 5 1 TITLE 5 2 NAME 5 3 STREET ADDRESS 5.4 CITY - ST - ZIP	3000018 05/08/9601(***200,00	1450 <u>2</u> 1 _{Change}	Addition
TITLE NAME STREET AUDRESS CITY-ST-ZIP) DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST-ZIP			Addition
14. I do hereb certify that oath; that	Block 12 or Block 3 if changed,	aboration to, rue tece	with an addre	hed and does not qualify al report is true and accu empowered to execute t ss.	rior the exemption stated in Section 119 rate and that my signature shall have the his report as required by Chapter 607, f	.07(3)(x), Florida Statut same legal effect as if orida Statutes; and tha 556660642.	it my name