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

APPROVED AND FILED

95 MAY -1 AM 4:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **357309** **(4)**

1. Corporate Name
SAV-A-STEP INC.

Principal Place of Business	Mailing Address
8565 DALKEITH LANE **MIAMI FL 33016**	**8565 DALKEITH LANE** **MIAMI FL 33016**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **12/31/1969**	3a. Date of Last Report **07/01/1994**
4. FEI Number **59-1300397**	☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	**$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☑	**$5.00** May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032 Florida Statutes ☐ Yes ☐ No	

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

9. Name and Address of Current Registered Agent

OSCAR DE CARDEANAS
8565 DALKEITH LANE
MIAMI 33016

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
(If changing Registered Agent, Registered Agent must sign) (If changing Registered Agent, Registered Agent must sign) (If changing Registered Agent, Registered Agent must sign)

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS (if any)	
31 TITLE	**PD**	41 TITLE	☐ Change ☐ Addition
32 NAME	**DE CARDENAS,OSCAR**	42 NAME	
33 STREET ADDRESS	**8565 DALKEITH LANE**	43 STREET ADDRESS	
34 CITY-ST-ZIP	**MIAMI FL**	44 CITY-ST-ZIP	
35 TITLE		45 TITLE	☐ Change ☐ Addition
36 NAME		46 NAME	
37 STREET ADDRESS		47 STREET ADDRESS	
38 CITY-ST-ZIP		48 CITY-ST-ZIP	
39 TITLE		49 TITLE	☐ Change ☐ Addition
40 NAME		50 NAME	
41 STREET ADDRESS		51 STREET ADDRESS	
42 CITY-ST-ZIP		52 CITY-ST-ZIP	
43 TITLE		53 TITLE	☐ Change ☐ Addition
44 NAME		54 NAME	
45 STREET ADDRESS		55 STREET ADDRESS	
46 CITY-ST-ZIP		56 CITY-ST-ZIP	
47 TITLE		57 TITLE	☐ Change ☐ Addition
48 NAME		58 NAME	
49 STREET ADDRESS		59 STREET ADDRESS	
50 CITY-ST-ZIP		60 CITY-ST-ZIP	
51 TITLE		61 TITLE	☐ Change ☐ Addition
52 NAME		62 NAME	
53 STREET ADDRESS		63 STREET ADDRESS	
54 CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is absolutely true and correct and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. 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 above, or on an attachment with an address.

SIGNATURE: [signature] 3-29-95 388-1713
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

COR7M7 CP

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FLORIDA DEPARTMENT OF STATE

APPROVED AND FILED

TALLAHASSEE, FLORIDA

DOCUMENT # 365929 (9)

1. Corporation Name

FOODSYSTEMS, INC.

Principal Place of Business:
6356 MANOR LANE
SOUTH MIAMI FL 33143

Mailing Address:
6356 MANOR LANE
SOUTH MIAMI FL 33143

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/22/1970

3a. Date of Last Report: 05/01/1994

4. FEI Number: 59-1370247 — Applied For / Not Applicable

5. Certificate of Status Desired — $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution — $5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes. [X] Yes [ ] No

2. Principal Place of Business: 21 5331 SW 92 ST
22 Suite, Apt. #, etc.:
23 City & State: MIAMI FLA
24 Zip: 33156 25 Country: USA

2a. Mailing Address: 26 5331 SW 92 ST
27 Suite, Apt. #, etc.:
28 City & State: S. MIAMI FLA
29 Zip: 33166 30 Country: USA

9. Name and Address of Current Registered Agent

GREENFIELD, IRVING (JR)
6356 MANOR LANE
SOUTH MIAMI FL 33143

10. Name and Address of New Registered Agent

81 Name: IRVING GREENFIELD JR
82 Street Address (P.O. Box Number is Not Acceptable): 5331 SW 92 ST
83
84 City: S. MIAMI FL 85 Zip Code: 33156

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 [signature]

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
TITLE	SD	TITLE	SD [X] Change [ ] Addition
NAME	GREENFIELD, ANN L	NAME	ANN L. GREENFIELD
STREET ADDRESS	6356 MANOR LANE	STREET ADDRESS	5331 SW 92 ST
CITY-ST-ZIP	SOUTH MIAMI FL	CITY-ST-ZIP	S. MIAMI FLA 33156
TITLE	PD	TITLE	PD [X] Change [ ] Addition
NAME	GREENFIELD, IRVING (JR)	NAME	IRVING GREENFIELD JR
STREET ADDRESS	6356 MANOR LANE	STREET ADDRESS	5331 SW 92 ST
CITY-ST-ZIP	SOUTH MIAMI FL	CITY-ST-ZIP	S. MIAMI FLA 33156
TITLE		TITLE	[ ] Change [ ] Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	[ ] Change [ ] Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	[ ] Change [ ] Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	[ ] Change [ ] Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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(1)(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.

SIGNATURE: [signature] — IRVING GREENFIELD JR 30 APRIL 95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #: 305 666 5100

0184093 CP