

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

CORPORATION ANNUAL REPORT 1995

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



**APPROVED AND FILED**

95 MAY -1 AM 4:34

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **357309** (4)  
1. Corporation Name  
**SAV-A-STEP INC.**

Principal Place of Business: **8565 DALKEITH LANE MIAMI FL 33016**  
Mailing Address: **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. The corporation has liability for intangible tax under S. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business: **21**  
2a. Mailing Address: **26**  
State Apt #, etc: **22**  
City & State: **23**  
Country: **24**  
Country: **25**  
Country: **29**  
Country: **30**

9. Name and Address of Current Registered Agent  
**OSCAR DE CARDEANAS  
8565 DALKEITH LANE  
MIAMI 33016**

10. Name and Address of Now Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
85 Zip Code: **FL**

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 affirm the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
12.1 TITLE: <b>PD</b>	12.2 NAME: <b>DE CARDENAS, OSCAR</b>	13.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.3 STREET ADDRESS: <b>8565 DALKEITH LANE</b>	12.4 CITY, ST, ZIP: <b>MIAMI FL</b>	13.2 NAME:	
12.5 TITLE:	12.6 NAME:	13.3 STREET ADDRESS:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.7 NAME:	12.8 STREET ADDRESS:	13.4 CITY, ST, ZIP:	
12.9 TITLE:	12.10 NAME:	13.5 STREET ADDRESS:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.11 NAME:	12.12 STREET ADDRESS:	13.6 CITY, ST, ZIP:	
12.13 TITLE:	12.14 NAME:	13.7 STREET ADDRESS:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.15 NAME:	12.16 STREET ADDRESS:	13.8 CITY, ST, ZIP:	
12.17 TITLE:	12.18 NAME:	13.9 STREET ADDRESS:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.19 NAME:	12.20 STREET ADDRESS:	13.10 CITY, ST, ZIP:	
12.21 TITLE:	12.22 NAME:	13.11 STREET ADDRESS:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.23 NAME:	12.24 STREET ADDRESS:	13.12 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 1.19 (7), 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 person or persons empowered to execute this report as required by Chapter 192, Florida Statutes, and that my name appears in Block 12 of Block 13 of this report, or as an attachment with an address.

SIGNATURE: *Oscar De Cardenas*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-29-95 888-1713

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CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Linda W. Mouton  
Secretary

APPROVED  
AND  
FILED

DOCUMENT # **365929**

(9)

1. Corporation Name

**FOODSYSTEMS, INC.**

MIAMI, FLORIDA

2. Principal Place of Business

**6356 MANOR LANE  
SOUTH MIAMI FL 33143**

3. Mailing Office

**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**

2. Principal Place of Business

21. **5331 SW 92 ST**

2b. Mailing Address

26. **5331 SW 92 ST**

22. State of Inc.

23. **MIAMI FLA**

27. State of Inc.

28. **MIAMI FLA**

24. **33156**

25. **USA**

29. **33156**

30. **USA**

4. FIC Number: **59-1370247**  
Applied For:   
Not Applicable:

5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**

6. Election Campaign Financing:  **\$5.00 May Be Added to Fees**

8. The corporation has liability for employer tax under 19a, Florida Statute:  Yes  No

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 Applicable): **5331 SW 92 ST**  
83. City: **MIAMI** FL 85. Zip Code: **33156**

11. Pursuant to the provisions of Sections 607.0902 and 607.1108, Florida Statute, 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, thereby accept the appointment as registered agent. I am hereby authorized to sign this statement on behalf of the corporation.

SIGNATURE

*[Handwritten Signature]*

12. OFFICERS AND DIRECTORS

12.1 TITLE	12.2 NAME	12.3 STREET ADDRESS	12.4 CITY
SD	GREENFIELD, ANN L	6356 MANOR LANE SOUTH MIAMI FL	
PD	GREENFIELD, IRVING (JR)	6356 MANOR LANE SOUTH MIAMI FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

13.1 TITLE	13.2 NAME	13.3 STREET ADDRESS	13.4 CITY	Change	Addition
SD	ANN L. GREENFIELD	5331 SW 92 ST MIAMI FLA 33156		<input checked="" type="checkbox"/>	<input type="checkbox"/>
PD	IRVING GREENFIELD JR	5331 SW 92 ST MIAMI FLA 33156		<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

14. I do hereby certify that the information supplied with this filing is accurate, complete and does not qualify for the exemption stated in Sections 191.02(4)(b), Florida Statute. I further certify that this information is not filed in this annual report or supplemental annual report, true and accurate and that my signature shall have the same legal effect as if made under oath. That I am president or director of the corporation or the person or persons empowered to execute this report as required by Chapter 607, Florida Statute, and that my name appears in Block 12 or Block 13 if changed or an addition, with an address.

SIGNATURE: *[Handwritten Signature]* - **IRVING GREENFIELD JR 30 APR 1995**  
305 666 5100