FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **366605** **(4)**

1. Corporation Name

EVENING'S DE-LIGHT, INC.

Principal Place of Business

9621 SOUTH DIXIE HIGHWAY
MIAMI FL 33156

Mailing Address

9621 SOUTH DIXIE HIGHWAY
MIAMI FL 33156

3. Date Incorporated or Qualified: **07/07/1970**

3a. Date of Last Report: **04/11/1995**

4. FEI Number: **59-1301272** ☐ 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
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

9. Name and Address of Current Registered Agent

KURZWEIL, HOWARD
328 MINORCA AVE
CORAL GABLES FL 33134

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 _____ DATE _____
Signature, typed or printed name of individual with authority to sign above (NOTE: Required Agent Signature required for filing)

12. OFFICERS AND DIRECTORS

TITLE	P	☐ DELETE
NAME	ZISMAN, DAVID	
STREET ADDRESS	5430 SW 133RD CT	
CITY-ST-ZIP	MIAMI FL	
TITLE	ST	☒ DELETE
NAME	ZISMAN,PHYLLIS	
STREET ADDRESS	8240 SW 91ST STREET	
CITY-ST-ZIP	MIAMI FL	
TITLE	V	☐ DELETE
NAME	ZISMAN, LAURA	
STREET ADDRESS	12371 SW 106TH ST	
CITY-ST-ZIP	MIAMI FL	
TITLE	V	☐ DELETE
NAME	ZISMAN, JONATHON	
STREET ADDRESS	8240 SW 91ST ST	
CITY-ST-ZIP	MIAMI FL	
TITLE	V	☐ DELETE
NAME	REGA, ROBIN	
STREET ADDRESS	2400 NW 3RD AVE	
CITY-ST-ZIP	WILTON MANORS FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	SECRETARY/TREASURER	☒ Change ☐ Addition
3.2 NAME	ZISMAN, LAURA	
3.3 STREET ADDRESS	8240 SW 91 STREET	
3.4 CITY-ST-ZIP	MIAMI, FL 33156	
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

CR2E034 (12/95)

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)(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: Laura Zisman LAURA ZISMAN 4/3/96 305-666-3312
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #