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95 APR 19 AM 1:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra B. Monahan Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 557084 (1)

1. Corporation Name

MIN-HAN FOOD SERVICE, INC.

Principal Place of Business

Mailing Address

1320 MARSEILLE DRIVE
MIAMI BEACH FL 33141-3807

8783 NW 75 CT
TAMARAC FL 33321
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

01/01/1978

3a. Date of Last Report

04/19/1994

4. FEI Number

59-1790047

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

6. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business
21 16600 NW 2 AVE

2a. Mailing Address
26 8783 NW 75 CT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
23 MIAMI FLA

City & State
28 TAMARAC FL

Zip
24 33169 25 USA

Zip
29 33321 30 USA

9. Name and Address of Current Registered Agent

SCHWARTZ, IRWIN
8783 NW 75 CT
TAMARAC FL 33321

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

Signature: typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
1.1 SCHWARTZ, IRWIN
8783 NW 75 CT
TAMARAC FL

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
1.2 SCHWARTZ, MINDY
8783 NW 75 CT
TAMARAC FL

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
1.3 SCHWARTZ, FLORENCE
8783 NW 75 CT
TAMARAC FL

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
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 ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

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

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)(k), 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR

Florence Schwartz
4/1/94

305 945
2621
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