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 # **F94000003674 (8)**

1. Corporation Name

PTX FOOD CORP.

Principal Place of Business

2269 SAW MILL RIVER ROAD
P.O. BOX 158 BLDG. #2. FL. #2
ELMSFORD NY 10523

Mailing Address

2269 SAW MILL RIVER ROAD
P.O. BOX 158 BLDG. #2. FL. #2
ELMSFORD NY 10523

3. Date Incorporated or Qualified: **07/13/1994**

3a. Date of Last Report: **10/10/1995**

4. FEI Number: **13-2706723** ☐ 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

SILVERMAN, MARVIN
100 LAKE SHORE DR., #1654
N. PALM BEACH FL 33408

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 _____

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	☐ DELETE	11 TITLE	☐ Change ☐ Addition
NAME	SILVERMAN, MARVIN		12 NAME	
STREET ADDRESS	100 LAKE SHORE DR. #1654		13 STREET ADDRESS	
CITY-ST-ZIP	N. PALM BEACH FL 33408		14 CITY-ST-ZIP	
TITLE	S	☐ DELETE	21 TITLE	☐ Change ☐ Addition
NAME	SILVERMAN, PHYLLIS		22 NAME	
STREET ADDRESS	100 LAKE SHORE DR. #1654		23 STREET ADDRESS	
CITY-ST-ZIP	N. PALM BEACH FL 33408		24 CITY-ST-ZIP	
TITLE	V	☐ DELETE	31 TITLE	☐ Change ☐ Addition
NAME	BUTEAU, AMY		32 NAME	
STREET ADDRESS	903 EAGLE BAY DR.		33 STREET ADDRESS	
CITY-ST-ZIP	OSSINING NY 10562		34 CITY-ST-ZIP	
TITLE	Zeev Ben-oni	☐ DELETE	41 TITLE	☐ Change ☐ Addition
NAME	8669 Don Carlos		42 NAME	
STREET ADDRESS	El Cerrito, CA 94530		43 STREET ADDRESS	
CITY-ST-ZIP			44 CITY-ST-ZIP	
TITLE		☐ DELETE	51 TITLE	☐ Change ☐ Addition
NAME			52 NAME	
STREET ADDRESS			53 STREET ADDRESS	
CITY-ST-ZIP			54 CITY-ST-ZIP	
TITLE		☐ DELETE	61 TITLE	☐ Change ☐ Addition
NAME			62 NAME	
STREET ADDRESS			63 STREET ADDRESS	
CITY-ST-ZIP			64 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)(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 above, or on an attachment with an address.

SIGNATURE: _____ CEO 4076267556

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone

CR2E034 (12/95)