

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

**FILED**  
**Mar 19 1997 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # F94000003674 (8)**  
 1. Corporation Name  
**PTX FOOD CORP.**



Principal Place of Business <b>2269 SAW MILL RIVER ROAD                  P.O. BOX 158 BLDG. #2, FL. #2                  ELMSFORD NY 10523</b>	Mailing Address <b>2269 SAW MILL RIVER ROAD                  P.O. BOX 158 BLDG. #2, FL. #2                  ELMSFORD NY 10523-3832</b>
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified <b>07/13/1994</b>	3a. Date of Last Report <b>03/21/1996</b>
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number <b>13-2706723</b>	Applied For <input type="checkbox"/> Not Applicable
22. City & State	27. City & State	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
23. Zip Country	28. Zip Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
24. Zip	29. Zip	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

**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: *[Signature]* 3/12/97

**12. OFFICERS AND DIRECTORS**

TITLE	<b>Chairman</b>	<input type="checkbox"/> DELETE
NAME	<b>SILVERMAN, MARVIN</b>	
STREET ADDRESS	<b>100 LAKE SHORE DR. #1654</b>	
CITY-ST-ZIP	<b>N. PALM BEACH FL 33408</b>	
TITLE	<b>S</b>	<input type="checkbox"/> DELETE
NAME	<b>SILVERMAN, PHYLLIS</b>	
STREET ADDRESS	<b>100 LAKE SHORE DR. #1654</b>	
CITY-ST-ZIP	<b>N. PALM BEACH FL 33408</b>	
TITLE	<b>V</b>	<input type="checkbox"/> DELETE
NAME	<b>BUTEAU, AMY</b>	
STREET ADDRESS	<b>903 EAGLE BAY DR.</b>	
CITY-ST-ZIP	<b>OSSINING NY 10562</b>	
TITLE	<b>President</b>	<input type="checkbox"/> DELETE
NAME	<b>Zeev Ben-oni</b>	
STREET ADDRESS	<b>8669 Don Carlos</b>	
CITY-ST-ZIP	<b>EL CERRITO, CA 94530</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE	<b>Chairman</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	<b>President</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	<b>ZEEV BEN-ONI</b>	
4.3 STREET ADDRESS	<b>8669 Don Carlos</b>	
4.4 CITY-ST-ZIP	<b>EL CERRITO CA 94530</b>	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 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: *[Signature]* 3/12/97 914,591,1710

CR2E034 (9/96)