

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

FILED  
Mar 19 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 10523-3832
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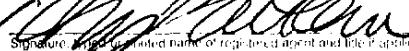
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified 07/13/1994	3a. Date of Last Report 03/21/1996
4. FEI Number 13-2706723	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
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
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10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code FL
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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  3/12/97  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE	Chairman <input type="checkbox"/> DELETE
NAME	SILVERMAN, MARVIN
STREET ADDRESS	100 LAKE SHORE DR. #1654
CITY-ST-ZIP	N. PALM BEACH FL 33408
TITLE	S <input type="checkbox"/> DELETE
NAME	SILVERMAN, PHYLLIS
STREET ADDRESS	100 LAKE SHORE DR. #1654
CITY-ST-ZIP	N. PALM BEACH FL 33408
TITLE	V <input type="checkbox"/> DELETE
NAME	BUTEAU, AMY
STREET ADDRESS	903 EAGLE BAY DR.
CITY-ST-ZIP	OSSINING NY 10562
TITLE	President <input type="checkbox"/> DELETE
NAME	Zeev Ben-oni
STREET ADDRESS	8669 Don Carlos
CITY-ST-ZIP	EL CERRITO, CA 94530
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	Chairman <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	President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	ZEEV BEN-ONI
4.3 STREET ADDRESS	8669 Don Carlos
4.4 CITY-ST-ZIP	EL CERRITO CA 94530
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  3/12/97 914-591-7700

CR2E034 (9/96)