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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F9700005816 (0)

METROPOLITAN CULINARY SERVICES, INC.

Principal Place of Business 2627 HOLLYWOOD WAY BURBANK CA 91505 Mailing Address

2627 HOLLYWOOD WAY BURBANK CA 91505

FILED Jun 03 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

						11/04/1997		
2. Principal Pi	ace of Business	2a. Mai 26	ling Address	,		4. FEI Number 95-4648274) 	ed For Inplicable
Suite, Apt. #, etc.		Surte, Apt. #, etc.				5. Certificate of Status Desired	\$8.75 Add	ditional
22		[27]						
City & State		City & State				6. Election Campaign Financing Trust Fund Contribution	\$5.00 Ma Added to F	
Zip	Country	Z(p		Cour	itry	8. This corporation owes or has paid the cu	urrent year Intang	gible
24	25	29		30			Yes N	10
Name and Address of Current Registered Agent					-	10. Name and Address of New Registered	Agent	
Pistella, sergio				B1 Name				
2072 AUSTRALIA WAT WEST, STE 50				B2 Street Add	dress (P.O. Box Number is Not Acceptable)			
CLEARWATER FL 33763				ľ				
				Ī	83			
				B4 City	FI	85 Zip Coc	et	
 Pursuant to the provisions of Sections 607 (602 and 607.1508, Elorida 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 Statutes 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 Synature type. Let product turne d'ingesteric a pull ainst list il rigit) abbt. (NO) Englisterich Agent signature required when reinstating) DATE								
12.	OFFICERS AND			13.		ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTORS I	N 12
TITLE	PCD		DELETE	1.1 TO	F			Addition
NAME	MORA, TAMARA			12 NA	1		<u>-</u>	
STREET ADDRESS	15862 SILVER STAR LANE				EET ADDRESS			
CITY-ST-ZIP	CANYON COUNTRY CA			1	Y - \$1 - ZIP			ľ
TITLE	VD		DELETE	21 111			Change	Addition
NAME	MORA, STEVEN			2.2 NAA			CC Ontaing C	
STREET ADDRESS	15862 SILVER STAR LANE				EET ADDRESS			Ì
1	CANYON COUNTRY CA			•	4			ļ
CITY-ST-ZIP TITLE			3.1 THI	Y-S1-ZIP		Change	Addition	
NAME	MORA, EDITH		C Marie	3.2 NAM	1		C 0.14.19° _	
STREET ADDRESS	18135 BURBANK BLVD #15				EET ADDRESS			i
1	TARZANA CA			1	ì		1)
CITY-ST-ZIP TITLE	10		DOLLETE	4.1 100	Y-ST-ZIP		L Change	Addition
NAME	MORA, PETER			4.2 NA				7
STREET ADDRESS	ANADE DISPLANCE DIVID AAS		1	EE I ADDRESS		210/1	1/9	
	TARZANA CA			I			11/4/	くつし
CITY-ST-ZIP TITLE	***************************************		DELETE	5.1 TITL	(-S1-ZIP		Stringe F	Addition
NAME				5.2 NAM	l		A SHOULD L	
STREET ADDRESS					EET ADDRESS			
				1	7 - S1 - ZIP			}
CITY-ST-ZIP TITLE			DELETE	6.1 TITE			Change	Addition
NAME				6.2 NAM	1	5000025493		
STREET ADDRESS					EET ADDRESS	-06/05/98010900	24	ļ
					- ST-ZIP	√***150.00		ļ
14. I hereby c	ertify that the information supplied wit	h this filing i	does not qualify	for the exer	nption stated in	n Section 119.07(3)(i), Florida Statutes. I further o	ertify that the info	ormation
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 trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changed, or on an attachment with an address.								

MORA Was 198