FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY -1 AM 9:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **J95075** **(4)**

1. Corporation Name
CLASS FOODS, INC.

Principal Place of Business	Mailing Address
8900 NW 77TH CT. SUITE 122 TAMARAC FL 33321 US	8900 NW 77TH CT. SUITE 122 TAMARAC FL 33321 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 10/01/1987
3a. Date of Last Report: 08/10/1994

2. Principal Place of Business
21 6100 Hollywood BLVD.
22 Suite, Apt. #, etc.: ~~[illegible]~~
23 City & State: Hollywood, FL.
24 Zip: 33024 25 Country: U.S.A

2a. Mailing Address
26 6100 Hollywood BLVD.
27 Suite, Apt. #, etc.:
28 City & State: Hollywood, FL.
29 Zip: 33024 30 Country: U.S.A.

4. FEI Number: 65-0039191 — 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

9. Name and Address of Current Registered Agent
GREFF, SCOTT
2139 UNIVERSITY DR.
SUITE 307
CORAL SPGS. FL 33071

10. Name and Address of New Registered Agent
81 Name: GREFF, SCOTT
82 Street Address (P.O. Box Number is Not Acceptable): 3411 CARAMBOLA CIRCLE SOUTH
83 COCONUT CREEK
84 ~~City~~ FL 85 Zip Code: 33024

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: Scott Greff — SCOTT GREFF (SAME AGENT / NEW ADDRESS) 4/20/95
(Signature Typed is permitted if this is an amendment report and title is applicable) (NOTE: Registered Agent signature required when resigning) DATE

12. OFFICERS AND DIRECTORS

TITLE	DP
NAME	GREFF, SCOTT
STREET ADDRESS	239 N.E. 20TH STREET
CITY ST ZIP	MIAMI FL
TITLE	DT
NAME	GREFF, MARTIN
STREET ADDRESS	239 N.E. 20TH STREET
CITY ST ZIP	MIAMI FL
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
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	PRESIDENT	☑ Change address ☐ Addition
1 2 NAME	SCOTT GREFF	
1 3 STREET ADDRESS	6100 Hollywood BLVD	
1 4 CITY ST ZIP	Hollywood, FL 33024	
2 1 TITLE	TREASURER	☑ Change address ☐ Addition
2 2 NAME	GREFF, MARTIN	
2 3 STREET ADDRESS	6100 Hollywood BLVD.	
2 4 CITY ST ZIP	Hollywood, FL 33024	
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 this 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: Scott Greff — SCOTT GREFF — 4/20/95 — (305) 987-4954
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0929148 CP