

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
 AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
 Jul 16 1998 8:00am
 Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # **K23746** (6)
 1. Corporation Name
KATZ FOOD DISTRIBUTORS INC.



Principal Place of Business: **650 WEST HALLANDALE BEACH BLVD HALLANDALE FL 33009 US**
 Mailing Address: **650 WEST HALLANDALE BEACH BLVD HALLANDALE FL 33008 US**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 21 **21** Suite, Apt. #, etc.
 22 City & State
 23 **MIAMI, FL**
 Zip Country
 24 **33173** 25 **USA**

2a. Mailing Address
 26 **11451 S.W. 84 STREET**
 27 Suite, Apt. #, etc.
 28 **MIAMI, FL**
 Zip Country
 29 **33173** 30 **DADE**

3. Date Incorporated or Qualified
05/16/1988

4. FEI Number
65-0044798 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 owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent
KATZ, JOEL
11451 SOUTHWEST 84TH STREET
MIAMI FL 33173

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 _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	KATZ, JOEL	
STREET ADDRESS	11451 SW 84TH STREET	
CITY-ST-ZIP	MIAMI FL 33173	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	REKASSY, MARY	
STREET ADDRESS	16410 NE 10TH AVE.	
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33182	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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	Sec-Treas.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	IRIS B. KATZ	
1.3 STREET ADDRESS	11451 S.W. 84 STREET	
1.4 CITY-ST-ZIP	MIAMI, FL 33173	
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
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 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]* **KATZ** 7-15-98 305-591-1156

CR2E034 (5/98)