

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

FILED
Feb 04 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 # 199466
 1. Corporation Name
Miami Restaurant Supply, Inc.
d/b/a Fred's Restaurant Supply

Principal Place of Business Mailing Address
917 North Miami Avenue
Miami, FL 33136

DO NOT WRITE IN THIS SPACE
 3. Date Incorporated or Qualified
6/30/89

2. Principal Place of Business	2a. Mailing Address
21 917 No. Miami Ave	26 Same
22 Suite, Apt. #, etc	27 Suite, Apt. #, etc.
23 City & State Miami, FL	28 City & State
24 Zip 33136	29 Country USA

4. FEI Number 65-0176157	Applied For <input type="checkbox"/> 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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81 Name Fred W. Rubin
82 Street Address (P.O. Box Number is Not Acceptable) 917 No. Miami Avenue
83
84 City Miami
85 State FL
86 Zip Code 33136

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 obligation of Section 607.0505, Florida Statutes.

SIGNATURE: Fred W. Rubin **1-26-98**
Signature of the registered office or registered agent, if applicable. (NOTE: For general agent signature required under re-stating) DATE

12. OFFICERS AND DIRECTORS

TITLE	President, Treasurer <input type="checkbox"/> DELETE
NAME	Fred W. Rubin
STREET ADDRESS	917 North Miami Avenue
CITY-ST-ZIP	Miami, FL 33136
TITLE	Vice Pres., Sec. <input type="checkbox"/> DELETE
NAME	Elizabeth Halpern
STREET ADDRESS	917 North Miami Avenue
CITY-ST-ZIP	Miami, FL 33136
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

11 TITLE	President, Treasurer <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	Fred W. Rubin
13 STREET ADDRESS	917 North Miami Avenue
14 CITY-ST-ZIP	Miami, FL 33136
21 TITLE	Vice Pres, Sec. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22 NAME	Elizabeth Halpern
23 STREET ADDRESS	917 North Miami Avenue
24 CITY-ST-ZIP	Miami, FL 33136
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	500002421500 <input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	-02/04/98--01087--006
63 STREET ADDRESS	***150.00
64 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: Fred W. Rubin **1/26/98** **305-377-2148**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/97)