SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT 1996

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

DOCUMENT # L32215 (0)

1. Corporation Name

PC FOODS OF JENSEN BEACH, INC.

Principal Place of Business

% RICHARD J. LEE. P.A.
2655 LE JEUNE RD. FIFTH FLOOR
CORAL GABLES FL 33134

Mailing Address

% RICHARD J. LEE. P.A.
2655 LE JEUNE RD. FIFTH FLOOR
CORAL GABLES FL 33134

3. Date Incorporated or Qualified: 11/06/1989
3a. Date of Last Report: 07/17/1995

2. Principal Place of Business
21 c/o Haft & Associates, P.A.
Suite, Apt. #, etc
22 1101 Brickell Ave., Suite 800 South
City & State
23 Miami FL
Zip
24 33131
Country
25 USA

2a. Mailing Address
26 c/o Haft & Associates, P.A.
Suite, Apt. #, etc
27 1101 Brickell Ave., Suite 800 South
City & State
28 Miami FL
Zip
29 33131
Country
30 USA

4. FEI Number: 65-0178374 ☐ 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

LEE, RICHARD J., P.A.
2655 LE JEUNE RD
FIFTH FLOOR
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name: Haft & Associates, P.A.
82 Street Address (P.O. Box Number is Not Acceptable): Suite 800 - South Tower
83 1101 Brickell Avenue
84 City: Miami FL
85 Zip Code: 33131

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 Barry Haft, Pres. Barry J. Haft 8-1-96
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	DP	☐ DELETE
NAME	CUSTER, FELIPE ANTONIO	
STREET ADDRESS	2655 LE JEUNE RD, #610	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE	S	☐ DELETE
NAME	TRIESE, RICHARD	
STREET ADDRESS	2655 LE JEUNE RD #610	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE	T	☐ DELETE
NAME	ENGEL, MARTIN	
STREET ADDRESS	2655 LE JEUNE RD #610	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☑ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS	1101 Brickell Ave, Suite 800 South	
1.4 CITY-ST-ZIP	Miami, FL 33131	
2.1 TITLE		☑ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS	1101 Brickell Ave, Suite 800 South	
2.4 CITY-ST-ZIP	Miami, FL 33131	
3.1 TITLE		☑ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS	1101 Brickell Ave, Suite 800 South	
3.4 CITY-ST-ZIP	Miami, FL 33131	
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		

CR2E034 (3/96)

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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: F. A. Custer Felipe A. Custer 8-1-96 305-381-9303
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #