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Feb 18 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # L86221 (3)
1. Corporation Name
REEDS CATERING INCORPORATED



Principal Place of Business: 5555 NW 95 AVE, 834 FLANDER T, SUNRISE FL 33351 US
Mailing Address: 5555 NW 95 AVE, 834 FLANDER T, SUNRISE FL 33351-4320 US

3. Date Incorporated or Qualified: 07/05/1990
3a. Date of Last Report: 05/01/1996
4. FEI Number: 65-0201869
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
6. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21. SUNRISE MUSICAL THEATER, Suite, Apt. #, etc.: SSSS NW 95 AVE., City & State: SUNRISE FL, Zip: 33351, Country: USA
2a. Mailing Address: 26. REED BERNARDO, Suite, Apt. #, etc.: 2941 SW 87 AVE # 405, City & State: DAVIE FL, Zip: 33328, Country: USA

9. Name and Address of Current Registered Agent
BERNARDO, REED
834 FLANDER T
DELRAY BEACH FL 33848

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: *[Signature]* Reed Bernardo, President, DATE: 2-11-97
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	BERNARDO, REED	
STREET ADDRESS	5555 NW 95 AVE	
CITY-ST-ZIP	SUNRISE FL	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	BERNADO, IVY	
STREET ADDRESS	2866 NW 55 AVE	
CITY-ST-ZIP	LAUDER HILL FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	BENARDO, CHARI	
STREET ADDRESS	2941 SW 87 AVE	
CITY-ST-ZIP	DAVIE FL	
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	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	RE BERNARDO, REED	
1.3 STREET ADDRESS	2941 SW 87 AVE	
1.4 CITY-ST-ZIP	DAVIE, FL 33328	
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	VICE PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	CHARI BERNARDO	
3.3 STREET ADDRESS	2941 SW 87 AVE	
3.4 CITY-ST-ZIP	DAVIE, FL 33328	
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 do 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]* REED BERNARDO, DATE: 2-11-97, Daytime Phone #: (954) 741-7300

CR2E034 (9/96)