

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

**PROFIT
CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 JUL 17 AM 9:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L97561 (9)

1. Corporation Name:

U.S.A. DISCOUNT FOOD & BEVERAGES, INC.

Principal Office of Registrant:

**3032 N GOLDENROD RD
WINTER PARK FL 32792**

Mailing Address:

**3032 N GOLDENROD RD
WINTER PARK FL 32792**

(DO NOT WRITE IN THIS SPACE)

3. Date of Incorporation or Qualification:

08/30/1990

36. Date of Last Report:

04/04/1994

2. Principal Office of Registrant:

21

2a. Mailing Address:

26

4. FEI Number:

59-3022534

Applied For:

Not Applicable

22. State Apt. # etc:

22

State Apt. # etc:

27

5. Certificate of Status Desired:

☐

**\$8.75 Additional
Fee Required**

23. City & State:

23

City & State:

28

6. Election Campaign Financing
Fund Contribution:

☐

**\$5.00 May Be
Added to Fees**

24. Country:

24

Country:

25. Country:

25

Zip:

29

Country:

30

8. This corporation has liability for intangible tax under s. 218.03, Florida Statutes:

☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HEIDARI, LINDA
3032 N GOLDENROD ROAD
WINTER PARK FL 32792**

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 606, 606.01, and 607, 607.01, 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, 607.01, Florida Statutes.

SIGNATURE:

(Print Name of Agent, if not agent in the State, then Agent's Name and Address, if not agent in the State, then Agent's Name and Address)

(Print Name of Agent, if not agent in the State, then Agent's Name and Address, if not agent in the State, then Agent's Name and Address)

(Print Name of Agent, if not agent in the State, then Agent's Name and Address, if not agent in the State, then Agent's Name and Address)

12. OFFICERS AND DIRECTORS

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12

1. NAME	D
2. STREET ADDRESS	HEIDARI, LINDA 3032 N GOLDENROD RD WINTER PARK FL
3. CITY	D
4. NAME	HEIDARI, MAJID
5. STREET ADDRESS	3032 N GOLDENROD RD WINTER PARK FL
6. CITY	
7. NAME	
8. STREET ADDRESS	
9. CITY	
10. NAME	
11. STREET ADDRESS	
12. CITY	
13. NAME	
14. STREET ADDRESS	
15. CITY	
16. NAME	
17. STREET ADDRESS	
18. CITY	
19. NAME	
20. STREET ADDRESS	
21. CITY	

1. NAME	☐ Change ☐ Addition
2. NAME	☐ Change ☐ Addition
3. NAME	☐ Change ☐ Addition
4. NAME	☐ Change ☐ Addition
5. NAME	☐ Change ☐ Addition
6. NAME	☐ Change ☐ Addition
7. NAME	☐ Change ☐ Addition
8. NAME	☐ Change ☐ Addition
9. NAME	☐ Change ☐ Addition
10. NAME	☐ Change ☐ Addition
11. NAME	☐ Change ☐ Addition
12. NAME	☐ Change ☐ Addition
13. NAME	☐ Change ☐ Addition
14. NAME	☐ Change ☐ Addition
15. NAME	☐ Change ☐ Addition
16. NAME	☐ Change ☐ Addition
17. NAME	☐ Change ☐ Addition
18. NAME	☐ Change ☐ Addition
19. NAME	☐ Change ☐ Addition
20. NAME	☐ Change ☐ Addition
21. NAME	☐ Change ☐ Addition

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****225.00 ****225.00**

7/17/95 *MS*

14. This hereby certifies that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 606.01, 607.01, Florida Statutes. I further certify that the information is correct for this annual report or supplemental annual report as true and accurate and that my signature shall have the same legal effect as if made under oath. I am an officer or director of the corporation or the officer or director designated to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 1, 2 or Block 1, 3 of changes, or on an attachment with an address.

SIGNATURE: *Walter H. Hovitz*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/19/95

CR2E034 (3/95)