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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

FILED Apr 26, 1999 8:00 am Secretary of State

04-26-1999 90248 050 ***150.00

DOCUMENT # M41506

1. Corporation Name

THE MIDDLE EASTERN FOOD COMPANY, INC.

| | e of Business | | Mailing Address | | | | | | | | | | |
|---|--------------------------------|--|--|---|--|--|----------------------------|----------------------------------|--|---------------------------|-------------------------|--------------------|----------------------|
| C/O JOSEPH HAKIM 670 N.E. 114TH ST. MIAMI FL 33161 | | C/O JOSEPH HAKIM 670 N.E. 114TH ST. MIAMI FL 33161 | | | | | | | DO NOT W | RITE IN TH | IS SPACE | Ē | |
| minimi i E octor | | • | | | | | | 3. Date Incorporated or Qualifed | | | | | |
| | | | | | | | - | 11/12 | 2/1986 | | | | |
| 2. Principal Pl | lace of Business | 2 | a. Mailing Address | | | | | FEI NL | | | | Apr | lied For |
| 21 | | | 26 | | | | | 59-27 | ⁷ 45725 | | | Not | Applicable |
| Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | | | | | | | | \$8. | 75 A | ditional |
| 22 | | 27 | 27 | | | 5. | Cenno | ate of Status Desired | | Fe | e Rec | uired | |
| City & State | | | City & State | | | 6. | Electio | n Campaign Financir | ng \square | \$5 | .00 t | /lay Be | |
| 23 | | 28 | 3 | | | | | Trust F | und Contribution | | Ad | ded to | Fees |
| Zip | Cou | ritry | Zip | Con | untry | | 8. | This co | rporation owes the c | urrent year | ntangible | | |
| 24 | 25 | 29 | | 30 | | | | | al Property Tax. | | Yes | <u> </u> | □No |
| | 9. Name and Add | ress of Current Reg | istered Agent | | 1 | | 10. | Name | and Address of Nev | w Register | d Agent | | |
| 1141/ | IN IOCEDII | | | | 81 | Name | | | | | | | |
| HAKIM, JOSEPH 670 N.E. 114TH ST. | | | | | | Street A | kildress (P. | O. Box | Number is Not Acce | ptable) | | | |
| MIAMI FL 33161 | | | | | 83 | | | | · · · · · · · · · · · · · · · · · · · | | | | |
| | | | | | 84 | City | | | | F | L 85 | Zip C | ode |
| office or r agent. I a | egistered agent, or bo | th, in the State of Flo | 607.1508, Florida Stat rida. Such change was of, Section 607.0505, F | s authorize | d by | the corpo | corporation ration's bo | submi ard of | ts this statement for t directors. I hereby acc | he purpose cept the ap | of changir pointment | ng its i as reg | egistered istered |
| SIGNATUF | Signature, typed or printed no | me of registered agenr and ti | tle if applicable. (NO | TE: Registere | d Agen | t signature re | q iired when rei | instating) | | DATE | | | |
| 12. | | OFFICERS AND DIF | | 13. | | | A | DDITH | ONS/CHANGES TO | OFFICERS | AND DIRE | СТОІ | RS IN 12 |
| TITLE | DP | · | ☐ DELETE | 11T | ITLE | | | | | | ☐ Cha | ange | ☐ Addition |
| NAME | HAKIM, JOSEPH | | | 12 N | IAME | | | | | | | | ļ |
| STREET ADDRESS | 670 N.E. 114TH | OT. | | | | | | | | | | | |
| CITY-ST-ZIP | | oı. | | 1.3 S | TREET | ADDRESS | | | | | | | |
| | MIAMI FL | oı. | | | TREET | | _ | | | | | | |
| TITLE | MIAMI FL | | ☐ DELETE | | ITY-ST | | | | | | Cha | ange | Addition |
| | MIAMI FL | | ☐ DELETE | 14 C | ITY-ST | | _ | | | | Cha | ange | ☐ Addition |
| TITLE | MIAMI FL | | ☐ DELETE | 14 C 2.1 T 2.2 N | ITY-ST ITLE IAME | | | | | | ☐ Cha | ange | Addition |
| TITLE NAME | MIAMI FL | | ☐ DELETE | 2.1 T 2.2 N 2.3 S | ITY-ST ITLE IAME | ADORESS | | | | | | | |
| TITLE NAME STREET ADOR(SS | MIAMI FL | | ☐ DELETE | 2.1 T 2.2 N 2.3 S | CITY-ST TITLE NAME STREET CITY-ST | ADORESS | | | | | ☐ Cha | | Addition |
| TITLE NAME STREET ADOR! SS CITY-ST-ZIP | MIAMI FL | | | 14 C 2.1 T 2.2 N 2.3 S 2.4 C 3.1 T | CITY-ST TITLE NAME STREET CITY-ST | ADORESS | | | | | | | |
| TITLE NAME STREET ADOR! SS CITY-ST-ZIP TITLE | MIAMI FL | | | 14 C 2.1 T 2.2 N 2.3 S 2.4 C 3.1 T 3.2 N | CITY-ST TITLE NAME STREET CITY-S TITLE NAME | ADORESS | | | | | | | |
| TITLE NAME STREET ADORESS CITY-ST-ZIP TITLE NAME | MIAMI FL | | ☐ DELETE | 14 C 2.1 T 2.2 N 2.3 S 2.4 G 3.1 T 3.2 N 3.3 S | CITY-ST TITLE NAME STREET CITY-S TITLE NAME | ADDRESS T-ZIP ADDRESS | | | | | Cha | ange | Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS | MIAMI FL | 51. | | 14 C 2.1 T 2.2 N 2.3 S 2.4 G 3.1 T 3.2 N 3.3 S | CITY-ST TITLE NAME STREET CITY-S TITLE NAME STREET CITY-S | ADDRESS T-ZIP ADDRESS | | | | | | ange | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP | MIAMI FL | | ☐ DELETE | 14 C 2.1 T 2.2 N 2.3 S 2.4 C 3.1 T 3.2 N 3.3 S 3.4 C 4.1 T | CITY-ST TITLE NAME STREET CITY-S TITLE NAME STREET CITY-S | ADDRESS T-ZIP ADDRESS | | | | | Cha | ange | Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE | MIAMI FL | | ☐ DELETE | 14 C 2.1 T 2.2 N 2.3 S 2.4 C 3.1 T 3.2 N 3.3 S 3.4 C 4.1 T 4.2 I | CITY-ST TITLE STREET CITY-ST TITLE LAME STREET CITY-ST TITLE NAME | ADDRESS T-ZIP ADDRESS | | | | | Cha | ange | Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME | MIAMI FL | | ☐ DELETE | 14 C 2.1T 22 N 2.3 S 2.4 4 3.1 T 3.2 N 3.4 C 4.1 T 4.2 P 4.3 S | CITY-ST TITLE STREET CITY-ST TITLE LAME STREET CITY-ST TITLE NAME | ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS | | | | | Cha | ange | Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS | MIAMI FL | | ☐ DELETE | 14 C 2.1T 22 N 2.3 S 2.4 C 3.1 T 3.2 N 3.3 S 3.4 C 4.1 T 4.2 C 4.3 S 4.4 C 5.1 T | CITY-ST ITLE IAME TREET CITY-S TITLE IAME STREET IAME STREET CITY-S TITLE NAME STREET TITLE TITLE TITLE TITLE TITLE TITLE | ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS | | | | | Cha | ange | Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP | MIAMI FL | | ☐ DELETE | 14 C 2.1 T 22 N 2.3 S 2.4 C 3.1 T 32 N 3.5 S 4.4 C 4.2 T 4.3 S 4.4 C 5.1 T 52 N | ITLE IAME TREET CITY-S TITLE IAME TREET CITY-S TITLE TREET TRE | ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP | | | | | Ch: | ange | Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TREET ADDRESS CITY-ST-ZIP TITLE | MIAMI FL | | ☐ DELETE | 14 C 2.1 T 22 N 2.3 S 2.4 C 3.1 T 32 N 3.5 S 4.4 C 4.2 T 4.3 S 4.4 C 5.1 T 52 N | ITLE IAME TREET CITY-S TITLE IAME TREET CITY-S TITLE TREET TRE | ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS | | | | | Ch: | ange | Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME TITLE NAME NAME | MIAMI FL | | ☐ DELETE | 14 C 21T 22 N 23 S 2.4 (3.1 T 32 N 3.4 C 4.1 T 4.2 P 4.3 S 4.4 C 5.1 T 52 N 5.3 S 5.4 C | CITY-ST ITLE IAME STREET CITY-S TITLE | ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP | | | | | Chi | ange ange | Addition Addition |
| TITLE NAME STREET ADDR! SS CITY- ST-ZIP TITLE NAME STREET ADDR! SS | MIAMI FL | | ☐ DELETE | 14 C 21 T 22 N 23 S 2 44 C 31 T 32 N 33 S 34 C 41 T 4 21 4 3 S 44 C 51 T 52 N 53 S 54 C 61 T 61 T 7 C 7 C 7 C 7 C 7 C 7 C 7 C 7 C 7 C 7 | CITY-ST TITLE LAME STREET CITY-S TITLE LAME STREET CITY-S TITLE LAME STREET TITLE LAME LAME LAME LAME LAME LAME LAME L | ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP | | | | | Ch: | ange ange | Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP | MIAMI FL | | ☐ DELETE | 14 C 21 T 22 N 23 S 2 44 C 31 T 32 N 33 S 34 C 41 T 4 21 4 3 S 44 C 51 T 52 N 53 S 54 C 61 T 61 T 7 C 7 C 7 C 7 C 7 C 7 C 7 C 7 C 7 C 7 | CITY-ST ITLE IAME STREET CITY-S TITLE | ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP | | | | | Chi | ange ange | Addition Addition |

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.0'(3)(i), Florida Statutes. I further pertify 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 total report 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 changes, or of an 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 total report of the corporation of the corporati

SIGNATURE:

AND TYPE SER PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/99

30] - 577-3737

Daytime Phone #

R2F034 (11/98)