FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

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

APPROVED AND FILED

95 MAY -1 AM 11:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M72863 (7)

1. Corporation Name

KAMS CHICKEN PLUS, INC.

Principal Place of Business	Mailing Address
c/o Max M. Hagen 16663 N.E. 19th Ave. North Miami FL 33162 US	c/o Max M. Hagen 16663 N.E. 19th Avenue North Miami Beach FL 33162 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/21/1988
3a. Date of Last Report: 04/29/1994

2. Principal Place of Business	2a. Mailing Address	4. FEI Number: 65-0038486 ☐ Applied For ☐ Not Applicable
21	26	
22 Suite, Apt. #, etc. NEW ADDRESS MAX M. HAGEN,	27 Suite, Apt. #, etc. NEW ADDRESS MAX M. HAGEN,	5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
23 City & State 3990 SHERIDAN ST. #104 HOLLYWOOD, FL 33021	28 City & State 3990 SHERIDAN ST. #104 HOLLYWOOD, FL 33021	6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
24 Zip / 25 County	29 Zip / 30 County	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
HAGEN, MAX M. 16663 N.E. 19th AVE. North Miami Beach FL 33162	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 NEW ADDRESS MAX M. HAGEN, 3990 SHERIDAN ST. #104 84 City HOLLYWOOD 85 Zip Code FL 33021

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 _____ DATE
(Typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent's signature required when name changed)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	Nazari, Mansoor	12 NAME	
STREET ADDRESS	13300 W. Dixie Hwy.	13 STREET ADDRESS	
CITY ST ZIP	No. Miami FL 33161	14 CITY ST ZIP	
TITLE	STD	21 TITLE	☐ Change ☐ Addition
NAME	Nazari, Abbas	22 NAME	500001484925
STREET ADDRESS	13300 W. Dixie Hwy.	23 STREET ADDRESS	-05/12/95--01008--016
CITY ST ZIP	No. Miami FL 33161	24 CITY ST ZIP	****200.00 ****200.00
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY ST ZIP		34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	5/1/95
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

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

SIGNATURE: Mansoor Nazari Mansoor Nazari 4/4/95 (305) 987-2515
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #