FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION ANNUAL REPORT



FLORIDA DEP**A**RTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

1. Corporation Name

DOCUMENT #

M80318

UNIVERSAL MEATS, INC.										
Principal Place	e of Business	M	ailing Address					II HURL DOURH DIN	H ORBÍN BÍÐ	AL BURN BURN N agi t
11900 BI MIAMI FL 3	11900 BISCAYNE E MIAMI FL 33181	BLVD., #26	8							
							3. Date Incorporated or Qualified 05/11/1988	3a. Date	of Last R 4/11/19	•
· ·	lace of Business	a	Mailing Address				4, FEI Number		h	Applied For
Suite, Apt.	# pic	26	Suite, Apt. #, etc.				65-0051202			Not Applicable
(2)			Collog P 472. III, Clos.				5. Cortificate of Status Desired			5 Additional Required
City & Stat	е	27	City & State				6. Election Campaign Financing	\$5.00 40		
23		28					Trust Fund Contribution			d to Fees
Zip	Country		Zip	Co	untry	,	8. This corporation has liability for i	ntangible tax	under s	199.032,
24	25	29		30			Florida Statutes			
	9, Name and Address of Currer	nt Regis	tered Agent			ı 	10. Name and Address of New R	egistered A	gent	
					81	Name				
LHOTKA, JOSEPH W. 11900 BISCAYNE BLVD., #268					82	Street Ad	dress (P.O. Box Number is Not Acceptable)			
	FL 33181				83					***************************************
	•				84	Gity		FI.	85 Zi	p Code
11. Pursuant	to the provisions of Sections 607.0503	and 60	7 1508 Florida Statut	as the sh		l	oration submite this statement for the pur		aging its I	registered office
or register	red agent, or both, in the State of Flori	da. Such	change was authorize	ce d by the	corp	oration's bo	oration submits this statement for the pur pard of directors. I hereby accept the appo	pose of char pintment as r	egistered	i agent. I am
	ith, and accept the obligations of, Sect	tion 607,	0505, Florida Statute	B.						
SIGNATURE	Signature, typed or printed name of registered agent	l and the its	Signal Asabilan (NK	TE Benson	n Agen	at signature recui	reb when reinstaling)	DATE		
12.	OFFICERS AN		· · · · · · · · · · · · · · · · · · ·	13.		n organization to the	ADDITIONS/CHANGES TO OFF		DIBECTO	DRS IN 12
TITLE	DPS		[] DELETE	1. 1	TITLE] Change	Addition
NAME	LHOTKA, JOSEPH W.			1.2 8	IAM.E					
STREET ADDRESS	11900 BISCAYNE BLVD 268	,		1.3 \$	TREET	ADDRESS				
CITY-S1-ZIP	MIAMI FL			1.4 0	ITY-S	51 - 2IP				
TITLE	T		DELETE	2. 1	1111.8] Change	Addition
NAME	LHOTKA, JOSEPH W.			2.2 N	AVE					
STREET ADORESS	11900 BISCAYNE BLVD 268	,		2.3 S	TREET	ADDRESS				
CITY-ST-ZIP	MIAMI FL			2.4 0	ITY - S	3) - ZIP				
TITLE			☐ DELETE	3.1	HILE			С] Change	Addition
NAME				3.2 N	IAME					
STREET ADDRESS				3.3.3	STREET	ADDRESS				
CITY-ST-ZIP			***************************************	3.4 0	ITY - S	T-ZIF				
TIBLE			DELETE	4, 1	me			_] Change	Addition
NAME				4.2 N	IAME		00000183 -05/23/96010	3611	Ū	·
STREET ADDRESS	}			4.3 S	PREET	ADDRESS	-05/23/96010	1201	ס [ֿ]	
CITY-ST-ZIP			FT) person		ITY-S	11 - ZIF	***225.00			Perris, 3 :
TITLE			☐ DELETE	5. 1 1] Change	Addition
NAME					IAME					
STREET ADDRESS						ADDRESS				
CITY-ST-ZIP			Programme and the second		17Y-S	11 - ZIP			1 01.	F*** 4 (1/4)
TITLE			DELETE	6. 1 1] Change	Addition
NAME					IAME					7 6/1.1
STREET ADDRESS						ADDRESS	•			אור
CITY-ST-ZIP	1			6.4 0	ITY - S	1 - 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 adjuster.

SIGNATURE:

5-15-96