FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

FILED
Mar 29 1996 8:00 am
Secretary of State

DOCUMENT # **M95834** **(1)**

1. Corporation Name

UNIVERSITY FOOD PROPERTIES, INC.

Principal Place of Business

% ERNEST M. HALPRYN
1428 BRICKELL AVE., SUITE 105
MIAMI FL 33131

Mailing Address

% ERNEST M. HALPRYN
1428 BRICKELL AVE., SUITE 105
MIAMI FL 33131

3. Date Incorporated or Qualified: **08/24/1988**	3a. Date of Last Report: **03/16/1995**
4. FEI Number: **59-1912603**	☐ 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

2. Principal Place of Business		2a. Mailing Address	
21		26	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
22		27	
City & State		City & State	
23		28	
Zip / Country	24 / 25	Zip / Country	29 / 30

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

HALPRYN ERNEST M
1428 BRICKELL AVE STE 105
SUITE 106
MIAMI FL 33131

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 Section 607.0502 and 607.1505, 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 _____

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	AS	☐ DELETE	1 TITLE	☐ Change ☐ Addition
NAME	WEISBERG, ALAN JAY		1a NAME	
STREET ADDRESS	1428 BRICKELL AVE, STE 105		1b STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL		1c CITY-ST-ZIP	
TITLE	PD	☐ DELETE	2 TITLE	☐ Change ☐ Addition
NAME	HALPRYN, ERNEST M.		2a NAME	
STREET ADDRESS	1428 BRICKELL AVE, STE 105		2b STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL		2c CITY-ST-ZIP	
TITLE	VPD	☐ DELETE	3 TITLE	☐ Change ☐ Addition
NAME	DEVECCHI, JOHN		3a NAME	
STREET ADDRESS	1428 BRICKELL AVE, STE 105		3b STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL		3c CITY-ST-ZIP	
TITLE	STD	☐ DELETE	4 TITLE	☐ Change ☐ Addition
NAME	LABIANCA, PHILIP		4a NAME	
STREET ADDRESS	1428 BRICKELL AVE, STE 105		4b STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL		4c CITY-ST-ZIP	
TITLE		☐ DELETE	5 TITLE	☐ Change ☐ Addition
NAME			5a NAME	
STREET ADDRESS			5b STREET ADDRESS	
CITY-ST-ZIP			5c CITY-ST-ZIP	
TITLE		☐ DELETE	6 TITLE	☐ Change ☐ Addition
NAME			6a NAME	
STREET ADDRESS			6b STREET ADDRESS	
CITY-ST-ZIP			6c CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this foreign corporation's 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 attached sheet, with an address.

SIGNATURE: _____ 3/19/96 (305) 371-4112

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Telephone Number

ERNEST M. HALPRYN, PRESIDENT

CR2E034 (12/95)