

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

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Apr 15 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # M95834 (1)

1. Corporation Name
UNIVERSITY FOOD PROPERTIES, INC.



Principal Place of Business Mailing Address
% ERNEST M. HALPRYN
1428 BRICKELL AVE., SUITE 105
MIAMI FL 33131 % ERNEST M. HALPRYN
1428 BRICKELL AVE., SUITE 105
MIAMI FL 33131-3494

| | |
|--|---------------------------------------|
| 3. Date Incorporated or Qualified 08/24/1988 | 3a. Date of Last Report 03/29/1996 |
| 4. FEI Number 59-1912603 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |

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

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 | 85 Zip Code |
| 82 Street Address (P.O. Box Number is Not Acceptable) | |
| 83 | |
| 84 City | FL |

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

| 12. OFFICERS AND DIRECTORS | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |
|---|---|
| TITLE AS <input type="checkbox"/> DELETE | 1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME WEISBERG, ALAN JAY | 1.2 NAME |
| STREET ADDRESS 1428 BRICKELL AVE, STE 105 | 1.3 STREET ADDRESS |
| CITY-ST-ZIP MIAMI FL | 1.4 CITY-ST-ZIP |
| TITLE PD <input type="checkbox"/> DELETE | 2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME HALPRYN, ERNEST M. | 2.2 NAME |
| STREET ADDRESS 1428 BRICKELL AVE, STE 105 | 2.3 STREET ADDRESS |
| CITY-ST-ZIP MIAMI FL | 2.4 CITY-ST-ZIP |
| TITLE VPD <input type="checkbox"/> DELETE | 3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME DEVECCHI, JOHN | 3.2 NAME |
| STREET ADDRESS 1428 BRICKELL AVE, STE 105 | 3.3 STREET ADDRESS |
| CITY-ST-ZIP MIAMI FL | 3.4 CITY-ST-ZIP |
| TITLE STD <input type="checkbox"/> DELETE | 4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME LABIANCA, PHILIP | 4.2 NAME |
| STREET ADDRESS 1428 BRICKELL AVE, STE 105 | 4.3 STREET ADDRESS |
| CITY-ST-ZIP MIAMI FL | 4.4 CITY-ST-ZIP |
| TITLE <input type="checkbox"/> DELETE | 5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | 5.2 NAME |
| STREET ADDRESS | 5.3 STREET ADDRESS |
| CITY-ST-ZIP | 5.4 CITY-ST-ZIP |
| TITLE <input type="checkbox"/> DELETE | 6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | 6.2 NAME |
| STREET ADDRESS | 6.3 STREET ADDRESS |
| CITY-ST-ZIP | 6.4 CITY-ST-ZIP |

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Ernest M. Halpryn 1/6/97 (305) 371-4112

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (9/96)