P01000049605

MAS 3000 North University Drive Suits "8" Coral Springs, Florida 33065

01 AUG-6 AM 9: 29
SLCAHASSEE, FLORIDA

July 10, 2001

Secretary of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

600004529776--3 -08/08/01-01079-023 *****70.00 ******35.00

RE: SOUTH FLORIDA FINE FOODS, INC.

Statement of Change of Registered office or Registered Agent & Articles of amendment

Enclosed, find a check for (1) \$70.00 for the filing fee for the above company.

Please mail all documents to the above address.

If you have any questions do not hesitate to call the office.

Thank you for your cooperation in this matter.

Sincerely,

Licentte A Manual

g-14-01

Enc.

STATEMEN OF CHANGE OF REGISTRATION OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508 or 617.1508, Florida Statutes, the udersigned corporation organized under the laws of the State of FLORIDA submits the following statement in order to change its registered agent, or both, in the State of Florida.

- 1a. The name of the corporation is SOUTH FLORIDA FINE FOODS, INC.
- 1b. The mailing address of the corp. is: 5634 W SAMPLE ROAD, MARGATE, FL 33073
- 1c. Date of incorporation: MAY 17, 2001/Document number: P01000049605
- 2. The name and the address of the current registered agent and office:

AHMAD GAWAD 5634 W SAMPLE ROAD, MARGATE, FL 33073

3. The name and address of the new registered agent and office

EMAN AL-THABTEH 4575 N PINE ISLAND ROAD, SUNRISE, FL 33351

The street address of its registered office and the street of the business office of its registered agent, as changed, will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board.

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(Signature of an officer, chairma	an)				(Date)

EMAN AL-THABTEH (Printed or typed name and tittle)

Having been named as registered agent and to accept service of process for the above stated corporation, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent.

* Fmant.	-	7-10-01	
(Signature of Registered Agent)		(Date)	
If signing on behalf of an entity:			
(Typed or Printed Name)		(Capacity)	_