FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

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95 MAY -1 AM 3:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT

1995

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

DOCUMENT # **P08468** **(1)**

1. Corporate Name

CALIFORNIA SMOOTHIE INTERNATIONAL, INC.

Principal Place of Business	Mailing Address
1700 RT 23 SUITE 120 WAYNE, NJ 07470	1700 RT 23 SUITE 120 WAYNE, NJ 07470

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	3a. Date of Last Report
12/18/1985	06/22/1994

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

4. FEI Number: 22-2209545 — ☐ 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

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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324	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 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

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS (if)
TITLE: PTD NAME: PINELES, RICHARD STREET ADDRESS: 1700 RT 23 SUITE 120 CITY-ST-ZIP: WAYNE, NJ	TITLE: ☐ Change ☐ Addition NAME: STREET ADDRESS: CITY-ST-ZIP:
TITLE: VSD NAME: PINELES, JACOB STREET ADDRESS: 1700 RT 23 SUITE 120 CITY-ST-ZIP: WAYNE, NJ	TITLE: ☐ Change ☐ Addition NAME: STREET ADDRESS: CITY-ST-ZIP:
TITLE: D NAME: MENDELSOHN, KAREN STREET ADDRESS: 1700 RT 23 SUITE 120 CITY-ST-ZIP: WAYNE, NJ	TITLE: ☐ Change ☐ Addition NAME: STREET ADDRESS: CITY-ST-ZIP:
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	TITLE: ☐ Change ☐ Addition NAME: STREET ADDRESS: CITY-ST-ZIP:
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TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	TITLE: ☐ Change ☐ Addition NAME: STREET ADDRESS: CITY-ST-ZIP:

14. I/We hereby certify that the information supplied with this filing 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 above, or on an attachment with an address.

SIGNATURE: Richard Pineles

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Richard Pineles, President

4/24/95 (201)696-7200

Date / Daytime Telephone Number

0394749 FP