

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

FILED
May 14 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # P93000015711 (3)
 1. Corporation Name
MAJESTIC CATERERS OF NORTH MIAMI BEACH, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business 420 LINCOLN RD SUITE 235 MIAMI BEACH FL 33139	Mailing Address 420 LINCOLN RD SUITE 235 MIAMI BEACH FL 33139
---	---

3. Date Incorporated or Qualified
03/02/1993

21. Principal Place of Business 20900 West Dixie Hwy	26. Mailing Address 20900 West Dixie Hwy
22. Suite, Apt. #, etc. A	27. Suite, Apt. #, etc. A
23. City & State N. MIAMI BEACH FL	28. City & State N. MIAMI BEACH, FL
24. Zip 33180	29. Zip 33180
25. Country USA	30. Country USA

4. FEI Number
65-0391432

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 owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent
**ERSKINE, STANLEY B
 55 WESTON ROAD
 SUITE 300
 FT LAUDERDALE FL 33328**

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PTD	<input type="checkbox"/> DELETE
NAME	NUNBERG, VICTOR L	
STREET ADDRESS	420 LINCOLN RD #235	
CITY-ST-ZIP	MIAMI BEACH FL 33139	
TITLE	VSD	<input type="checkbox"/> DELETE
NAME	NESS, GERALD J	
STREET ADDRESS	420 LINCOLN RD #235	
CITY-ST-ZIP	MIAMI BEACH FL 33139	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	20900 West Dixie Hwy Suite A
14 CITY-ST-ZIP	N. MIAMI BEACH, FL 33180
21 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	20900 West Dixie Hwy Suite A
24 CITY-ST-ZIP	N. MIAMI BEACH, FL 33180
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I 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: _____ **4/15/98 305-922-2667**

CR2E034 (10/97)