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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000062541 (6)

## FILED Feb 03 1998 8:00am Secretary of State

ROSITA MEAT WHOLESALERS, I	NC.	,		
Principal Place of Business	Maiting Address		1 1002109F 1EB 10EBB 1EHE 8010F 0017H 102H 801H	Q1810   1001 Q101 Q101 B100 B100 B1
936 PARK AVE LAKE PARK FL 33403	936 PARK AVE LAKE PARK FL 33403		DO NOT WRITE IN TH	IS SPACE
			3. Date Incorporated or Qualified	IS SPACE
			09/08/1993	
2. Principal Place of Business	2a, Mailing Address		4. FEI Number	Applied For
21	26		65-0435283	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	City & State		6. Election Campaign Financing	\$5.00 May Be
23	28		Trust Fund Contribution	Added to Fees
I ZID I COUNTRY	Zip	Country	8. This corporation owes or has paid the	current year Intangible
24 25	29	30	Personal Property Tax due June 30.	Yes No
9, Name and Address of Curre		A - 52T	10. Name and Address of New Registere	ed Agent
KRITCHMAN, JEROLD 12 <del>3 Bonefish Circle E</del> ast	18164 SE Laurell Teguesta, Fl. 3	out 81 Name	•	
JUPITER PL 33477	1	Cone 82 Street Addr	ress (P.O. Box Number is Not Acceptable)	
JOHNERT C 33477	TEBUESTA Fl. 3:	3464 83		
	100,010,11	63		
		84 City		85 Zip Code
44 D	00 007 4500 51 00		F	L
<ol> <li>Pursuant to the provisions of Sections 607.05 office or registered agent, or both, in the State</li> </ol>	or Florida. Such change was:	ies, the above-named corp authorized by the corporat	poration submits this statement for the purpose tion's board of directors. I hereby accept the a	of changing its registered production
agent. I am familiar with, and accept the oblig	jations of, Section 607.0505, Flo	orida Statutes.		
SIGNATURE Signature, typod or printed name of registered ag	Alox	r D		
	ND DIRECTORS	E Registered Agent signature require 13.	ADDITIONS/CHANGES TO OFFICERS A	
TITLE	DELETE	1.1 TOTLE	ADDITIONS/CHANGES TO OFFICERS A	Change Addition
NAME KRITCHMAN, JEROLD	<del>_</del>	1.2 NAME		
STREET ADDRESS 18164 LAUREL LEAF LANE		1.3 STREET ADDRESS		•
CITY-ST-ZIP TEQUESTA FL				
TITLE VST				
NAME SALVATORE, MIRRA	☐ DELETE	1.4 CITY-ST-ZIP		Change Addition
44 COACUMANO COURT	☐ DELETE	1.4 CITY-ST-ZIP		☐ Change ☐ Addition
STREET ADDRESS 14 COACHMANS COURT	☐ DELETE	1.4 CITY-ST-ZIP 2.1 TITLE		Change Addition
CITY-ST-ZIP OLD WESTBURY NY	☐ DELETE	1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS		☐ Change ☐ Addition
CITY-ST-ZIP OLD WESTBURY NY TITLE VP	☐ DELETE	1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME		Change Addition
OLD WESTBURY NY TITLE NAME KRITCHMAN, NORMAN		1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·	
CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  OLD WESTBURY NY  VP  KRITCHMAN, NORMALP  18164 LAUREL LEAF LANE		1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE		
CITY-ST-ZIP OLD WESTBURY NY TITLE VP KRITCHMAN, NORMAN		1.4 CITY-ST-ZIP 2.1 TITUE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITUE 3.2 NAME		
CITY-ST-ZIP  OLD WESTBURY NY  TITLE  NAME  KRITCHMAN, NORMAL  STREET ADDRESS  18164 LAUREL LEAF LANE		1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS		
CITY-S1-ZIP  OLD WESTBURY NY  VP  KRITCHMAN, NORMAL  STREET ADDRESS CITY-S1-ZIP  TEQUESTA FL	☐ DELETE	1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP		☐ Change ☐ Addition
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CITY-ST-ZIP  TITLE  NAME STREET ADDRESS	☐ DELETE	1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS		Change Addition
CITY-S1-ZIP  TITLE  NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	1.4 CITY-ST-ZIP  2.1 TITUE  2.2 NAME  2.3 STREET ADDRESS  2.4 CITY-ST-ZIP  3.1 TITUE  3.2 NAME  3.3 STREET ADDRESS  3.4 CITY-ST-ZIP  4.1 TITUE  4.2 NAME  4.3 STREET ADDRESS  4.4 CITY-ST-ZIP  5.1 TITUE  5.2 NAME  5.3 STREET ADDRESS  5.4 CITY-ST-ZIP		Change Addition  Change Addition  Change Addition
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4. 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 eath; 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 the an address.