PLEASE REAL	ALL INSTRUCTIONS	BEFORE CON	MPLETING THIS FORM. $\int$	
APPLICATION (	FLORIDA DEPARTMEI Sandra B. Moi			
FOR PENNSTATION FOR	Secretary of S	State / //		
	DIVISION OF WORPOI	RATIONAL	FILED	
DOCUMENT # PC135	ATTEON CORP.	AM	97 MAR -3 PM 1:35	
SOUTH FLORIDA P			SEURCIAGY OF STATE	
Principal Place of Business	Mailing Address		TALLAHASSEE, FLORIDA	
2875 S. CO.	repeat Are	UF'		
DELRAY BEACH	N, Florida GOTT			
If above addresses are incorrect in any way, line				
New Principal Office Address, If Applicable     Suite. Apt. #, etc.			Date Incorporated or Qualified To Do Business in Florida (4/6/93)	
City & State City & State		5.	FEI Number Applied For Not Applicable	
Z <sub>I</sub> p Country	Zip Counti	ry 6.	CERTIFICATE OF STATUS DESIRED 58.75 Additional Fee required for a Certificate of Status	
7. Names and Street Addresses of Each Officer a	and/or Director (Florida nonprofit corpor	rations must list at least 3		
Title(s) Name of Officers and/or Directors 2	3 (Do NOT U	reet Address of Each fficer and/or Director Jse Post Office Box Numb	City / State / Zip	
	RO 2500 A	CATON H.S.	Marie	
PRES. EDWARD CAN	es some	pethlus v		
VP ZIO.COM CM.				
			<u> 1000,021,0536,1</u> 5	
		·	-03/05/9701103008 ****765.00 ****765.00	
			# 100	
			4311	
8. Name and Address of Curre	ent Registered Agent	9.	Name and Address of New Registered Agent	
Name				
EDURAS CAIRO 2500 NORTHUSTOT 28 ST. BOCA RATON Fl. 33434		Street Address (P.O. Box Number is Not Acceptable)  Suite, Apt. #, Etc.		
Roma Roma Fl. 33434		City		
10. I, being appointed the registered agent of the	apive named corporation, am familiar w	vith and accept the obligat	tions of Section 607.0505, F.S.	
Signature of Registered Agent			Date 1-31-97	
11 Door this corporation pa	REGISTERED AGENT MUST SIGN		(December and the internation	
11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No (See other side for information on intangible tax.)				
this reinstatement application, the reason for d	issolution has been eliminated, the corp he names of individuals listed on this for	orate name satisfies the re rm do not qualify for an ex	ded for in chapter 607 or 617, F.S. I further certify that when filing requirements of section 607.0401 or 617.0401, F.S., that all fees xemption under section 119.07(3)(i), F.S. The information indicated h.	
S COD'S C				
Calar 1)	2		1-31-97 561 274-8646	



February 25, 1997

Florida Department of State Leslie Sellers- Document Specialist Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

Re: South Florida Fasi Food Corp Letter # 097A00007450

Dear Ms. Sellers:

We are in receipt of your letter dated February 12, 1997 requesting an explanation as to our request of a waiver of the corporation reinstatement fee of \$585.00 As per our telephone conversation with your office, we did not file the previous year's application for we never received the forms and were unaware that a form and fee was to be remitted. We are remitting the fee's for all of the years in question including the fee for the current year 1997. We have remitted all other fees and taxes in a timely fashion since we began do to business in the State of Florida.

As a result of the above, we are respectfully requesting that you waive the \$585.00 reinstedement fee and accept our enclosed check of \$765.00 as payment in full for all previous years through December 31, 1997.

Very truly yours,

Edward Cairo