

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 JAN 26 PM 4:18

DOCUMENT # P93000075917 (3)

1. Corporation Name
MIAMI JUICE, INC.

DO NOT WRITE IN THIS SPACE.

Principal Place of Business Mailing Address
16218 COLLINS AVE MIAMI BEACH FL 33160

3. Date Incorporated or Qualified **11/03/1993** 3a. Date of Last Report **07/01/1994**

2. Principal Place of Business 2a. Mailing Address
21 **26**

4. FEI Number **65-0447924** Applied For Not Applicable

Suite, Apt. #, etc. Suite, Apt. #, etc.

5. Certificate of Status Desired **\$0.75** Additional Fee Required

22. City & State 27. City & State

6. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees

23. Zip Country 28. Zip Country

8. This corporation has liability for intangible tax under S. 109.032, Florida Statutes Yes No

24. Zip Country 25. Zip Country 29. Zip Country 30. Zip Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ZEMEL, MORTON B
2450 NE MIAMI GARDENS DR
2ND FLOOR
NORTH MIAMI BEACH FL 33180**

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 607.0602 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 607.0605, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent Signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS	
TITLE	DST
NAME	HOOREN, DAVID B
STREET ADDRESS	1918 E 1ST ST
CITY - ST - ZIP	BROOKLYN NY 11223
TITLE	P
NAME	REN, MEYER M
STREET ADDRESS	% 16218 COLLINS AVE
CITY - ST - ZIP	MIAMI BEACH FL 33160
TITLE	V
NAME	SHOKI, ISAAC
STREET ADDRESS	447 POINCIANA ISLAND DRIVE
CITY - ST - ZIP	NORTH MIAMI BEACH FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or in an attachment with an addition.

SIGNATURE:

ISSAC SHOKI 1-19-95

SIGNATURE MUST BE TYPED OR PRINTED NAME OF REGISTERED AGENT OR DIRECTOR

Date

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