

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

CORPORATION  
ANNUAL REPORT  
1995



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 MAR 13 AM 11:25

DOCUMENT # **P93000078217 (5)**

1. Corporation Name  
**ONLY THE BEST, INC.**

Principal Place of Business <b>34 NW 95 STREET MIAMI SHORES FL 33150</b>	Mailing Address <b>34 NW 95 STREET MIAMI SHORES FL 33150</b>
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DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified <b>11/12/1993</b>	3a. Date of Last Report <b>06/02/1994</b>
4. FEI Number <b>65-0449420</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under S. 189.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Country
24. Zip	29. Country
30. Zip	30. Country

8. Name and Address of Current Registered Agent  
**LAW FIRM OF LAWRENCE + SPIEGEL, CHARTERED  
343 ALMERIA AVENUE  
CORAL GABLES FL 33134**

10. Name and Address of New Registered Agent

81. Name <b>Mr Kayode Oshikoya CPA</b>
82. Street Address (P.O. Box Number is Not Acceptable) <b>34 NW 95th St.</b>
83. City <b>MIAMI - SHORES</b>
84. City <b>MIAMI</b>
85. Zip Code <b>FL 33150</b>

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 KAYODE OSHIKOYA CPA *(K Oshikoya)* 3/5/95  
Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE <b>P</b>	NAME <b>ADENUGA, LAWRENCE A.</b>	STREET ADDRESS <b>34 NW 95TH ST</b>	CITY-ST-ZIP <b>MIAMI SHORES FL</b>
TITLE <b>S</b>	NAME <b>ADENUGA, HELEN A</b>	STREET ADDRESS <b>34 NW 95TH ST</b>	CITY-ST-ZIP <b>MIAMI SHORES FL</b>
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
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 110.07(3)(k), 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: LAWRENCE + ADENUGA *(LAWRENCE + ADENUGA)* 3/5/95 (305) 759-0015  
Signature AND TYPED OR PRINTED NAME OF CHANGING OFFICER OR DIRECTOR (Date) (Telephone Number)