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FILED
May 06 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 # P93000078576 (4)

1. Corporation Name
INTERNATIONAL CUISINE, INC.



Principal Place of Business

164 HIGHWAY 17 SOUTH
SUITE 21
EAST PALATKA FL 32131
US

Mailing Address

164 HIGHWAY 17 SOUTH
SUITE 21
EAST PALATKA FL 32131
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

30

3. Date Incorporated or Qualified

11/15/1993

4. FEI Number

59-3214209

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$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

PRESSER, EDWIN
4417 BEACH BOULEVARD
SUITE 310
JACKSONVILLE FL 32207

10. Name and Address of New Registered Agent

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 607.0502 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

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 PDST ☐ DELETE

NAME SHAIKH, M.A. M
STREET ADDRESS 10102 N. LEISURE LANE
CITY-ST-ZIP JACKSONVILLE FL 32256

TITLE D ☒ DELETE

NAME KAMAL, HAMEEDA B
STREET ADDRESS 10128 N. LEISURE LANE
CITY-ST-ZIP JACKSONVILLE FL 32256

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PDST ☒ Change ☐ Addition

1.2 NAME SHAIKH, M. A.
1.3 STREET ADDRESS 10102 N. LEISURE LANE
1.4 CITY-ST-ZIP JACKSONVILLE FL 32256

2.1 TITLE D ☐ Change ☒ Addition

2.2 NAME DALLAS, DELMER W.
2.3 STREET ADDRESS 8090 HUNTERS GROVE ROAD
2.4 CITY-ST-ZIP JACKSONVILLE FL 32256

3.1 TITLE D ☐ Change ☒ Addition

3.2 NAME MOJADIDI, QUDRATULLAH
3.3 STREET ADDRESS 6518 CHRISTOPHER POINT ROAD WEST
3.4 CITY-ST-ZIP JACKSONVILLE FL 32217

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 [Signature] 4-22-98 [Signature] 4-22-98

CR2E034 (10/97)