FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY 31 PM 0:57

DOCUMENT # P93000083206 (1)

1. Corporation Name
SUPREME CATERING NETWORK, INC.

Principal Place of Business	Mailing Address
5114 S.W. 5TH STREET MIAMI FL 33134	5114 S.W. 5TH STREET MIAMI FL 33134

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/29/1993
3a. Date of Last Report: 06/01/1994

2. Principal Place of Business (21)
2a. Mailing Address (26)
Suite, Apt. #, etc. (22) (27)
City & State (23) (28)
Zip (24) Country (25) Zip (29) Country (30)

4. FEI Number: 65-0460094 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

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

8. This corporation has liability for intangible tax under S. 1F-9.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

ESTEVILL, DAGOBERTO
5114 S.W. 5TH STREET
MIAMI FL 33134

10. Name and Address of New Registered Agent

81 Name: ESTEVILL, DAYAMI
82 Street Address (P.O. Box Number is Not Acceptable): 5114 SW 5 ST
83
84 City: MIAMI FL 85 Zip Code: 33134

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: Dayami Estevill 5-24-95
Signature (type or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	11 TITLE	PRESIDENT	☒ Change ☐ Addition
NAME	DAGOBERTO, ESTEVILL	12 NAME	DAYAMI, ESTEVILL	
STREET ADDRESS	5114 SW 5 ST.	13 STREET ADDRESS	5114 SW 5 ST	
CITY-ST-ZIP	MIAMI FL	14 CITY-ST-ZIP	MIAMI FL 33134	
TITLE		21 TITLE	SECRETARY	☐ Change ☒ Addition
NAME		22 NAME	MIGUEL CRUZ	
STREET ADDRESS		23 STREET ADDRESS	5114 SW 5 ST	
CITY-ST-ZIP		24 CITY-ST-ZIP	MIAMI FL 33134	
TITLE		31 TITLE		☐ Change ☐ Addition
NAME		32 NAME		
STREET ADDRESS		33 STREET ADDRESS		
CITY-ST-ZIP		34 CITY-ST-ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 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)(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: Dayami Estevill DAYAMI ESTEVILL PRES. 5-24-95 305-443-7457
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0130233 CP