

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

ANNUAL REPORT

1995



DOCUMENT # P93000086196 (1)

SELECT BRANDS INCORPORATED

APPROVED
AND
FILED
95 MAR -1 PM 4:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE.

1. Principal Place of Business		Mailing Address	
936 INTRACOASTAL DR. SUITE 190 FT. LAUDERDALE FL 33304		936 INTRACOASTAL DR. SUITE 190 FT. LAUDERDALE FL 33304	
2. Principal Place of Business		2a. Mailing Address	
21 10173 NW 16 STREET		26 10173 NW 16 ST.	
22		27	
23 CORAL SPRINGS		28 CORAL SPRINGS	
24 FL		25 BROWARD	
29 33071		30 USA	
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
KARSKI, GEORGE 3900 GALT OCEAN DR SUITE 2217 FT. LAUDERDALE FL 33308		81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code	
11. I, undersigned, in the presence of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office, 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.		12. I, undersigned, in the presence of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office, 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: <u>GEORGE KARSKI</u>		DATE: <u>2/24/95</u>	

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
14. TITLE	D	1.1 TITLE	☐ Change ☐ Addition
15. NAME	BETTS, CARINA	1.2 NAME	
16. STREET ADDRESS	30 CHURCH ST., SUITE 402, TORONTO	1.3 STREET ADDRESS	
17. CITY, STATE, ZIP	ONTARIO, CANADA M5E 1S7	1.4 CITY, ST, ZIP	
18. TITLE	D	2.1 TITLE	☐ Change ☐ Addition
19. NAME	PACEY, ANDREW J	2.2 NAME	
20. STREET ADDRESS	RUA DOM JOAQUIN #314 GRANJA VIANNA	2.3 STREET ADDRESS	
21. CITY, STATE, ZIP	SAO PAULO BRAZIL 06700-000	2.4 CITY, ST, ZIP	
22. TITLE	D	3.1 TITLE	☐ Change ☐ Addition
23. NAME	KARSKI, GEORGE	3.2 NAME	
24. STREET ADDRESS	3900 GALT OCEAN DR #2217	3.3 STREET ADDRESS	
25. CITY, STATE, ZIP	FT LAUDERDALE FL	3.4 CITY, ST, ZIP	
26. TITLE		4.1 TITLE	☐ Change ☐ Addition
27. NAME		4.2 NAME	
28. STREET ADDRESS		4.3 STREET ADDRESS	
29. CITY, STATE, ZIP		4.4 CITY, ST, ZIP	
30. TITLE		5.1 TITLE	☐ Change ☐ Addition
31. NAME		5.2 NAME	
32. STREET ADDRESS		5.3 STREET ADDRESS	
33. CITY, STATE, ZIP		5.4 CITY, ST, ZIP	
34. TITLE		6.1 TITLE	☐ Change ☐ Addition
35. NAME		6.2 NAME	
36. STREET ADDRESS		6.3 STREET ADDRESS	
37. CITY, STATE, ZIP		6.4 CITY, ST, ZIP	

14. I, undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information is accurate and that my signature shall have the same legal effect as if made under oath. I am an officer or director of the corporation or the person or persons empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears on the filing. If it is changed, or on an attachment with an address.

SIGNATURE:

GEORGE KARSKI
SIGNATURE: TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/24/95 (305) 340-2050