

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Mar 31 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P93000086394 (2)

1. Corporation Name
A-1 FOODS, INC.

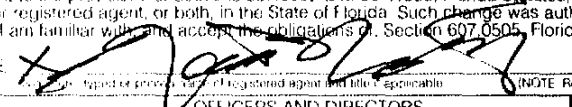


Principal Place of Business 7832 W. SAMPLE RD. MARGATE FL 33065	Mailing Address 7832 W. SAMPLE RD. MARGATE FL 33065-4710
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/13/1993	3a. Date of Last Report 02/08/1996
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 65-0461686		Applied For Not Applicable	
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country	29 Country	30		8. This corporation has liability for intangible tax under s. 199.032. Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent IBRAHIM, MOHD ASLAM 7832 W. SAMPLE RD. MARGATE FL 33065		10. Name and Address of New Registered Agent	
		81 Name KAMAL M. SHARID	
		82 Street Address (P.O. Box Number is Not Acceptable) 7832 West Sample Rd.	
		83 City MARGATE	
		84 State FL	85 Zip Code 33065

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:  DATE: 3/20/97

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	<input checked="" type="checkbox"/> DELETE	1.1 TITLE Kamal M. Sharid	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME KARIM, FAZAL M		1.2 NAME Kamal M. Sharid	
STREET ADDRESS 7624 PARK VIEW WAY		1.3 STREET ADDRESS 7832 West Sample Rd	
CITY-ST-ZIP CORAL SPRINGS FL 33065		1.4 CITY-ST-ZIP MARGATE FL 33065	
TITLE D	<input checked="" type="checkbox"/> DELETE	2.1 TITLE Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME IBRAHIM, MOHD ASLAM		2.2 NAME NAUHAN A. KITAN	
STREET ADDRESS 7832 S. SAMPLE RD.		2.3 STREET ADDRESS 7832 West Sample Rd	
CITY-ST-ZIP MARGATE FL 33065		2.4 CITY-ST-ZIP MARGATE FL 33065	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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 included 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 in an Attachment with an address.

SIGNATURE:  DATE: 3/20/97

CR2E034 (9/96)