FILED
May 28 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 # P94000041704 (5)

Corporation Name
~~FAMILY CHICKEN INCORPORATED~~ NC
Safari Food Corp. 2-23-98

Principal Place of Business	Mailing Address
12801 W SUNRISE BLVD #227 SUNRISE FL 33323 US	12801 W SUNRISE BLVD. 227 SUNRISE FL 33323 US

DO NOT WRITE IN THIS SPACE

Date Incorporated or Qualified: 06/03/1994

21 Principal Place of Business	26 Mailing Address	FEI Number 65-0496642	Applied For / Not Applicable
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc	Certificate of Status Desired ☐	$8.75 Additional Fee Required
23 City & State	28 City & State	Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
24 Zip / 25 Country	29 Zip / 30 Country	This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No	

Name and Address of Current Registered Agent

LEVINE, ALAN ESQ
1110 BRICKELL AVE 7TH FL
SUITE 210
MIAMI FL 33131

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

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE

OFFICERS AND DIRECTORS

TITLE	P ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	ROMAN JONES	1.2 NAME	
STREET ADDRESS	1110 BRICKELL AVE 7TH FL	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	
TITLE	VP ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	HEMMATI, SIA	2.2 NAME	
STREET ADDRESS	12801 W. SUNRISE BLVD 227	2.3 STREET ADDRESS	
CITY-ST-ZIP	SUNRISE FL 33323	2.4 CITY-ST-ZIP	
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	700002541267
STREET ADDRESS		6.3 STREET ADDRESS	-05/29/98--01099--020
CITY-ST-ZIP		6.4 CITY-ST-ZIP	***150.00

I hereby certify that the information contained with this report 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 a 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 above if I am an officer or director listed in the appropriate address.

4-29-98

CR2E034 (10/97)