

**PROFIT CORPORATION ANNUAL REPORT 1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # P94000042405**

1. Corporation Name  
**PETRA FOOD, INC.**

99 JUN -25 PM 4: 19

FLORIDA DEPARTMENT OF STATE  
 TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address  
 1160 EAST HALLANDALE BEACH BLVD. STE. A HALLANDALE FL 33009  
 1160 EAST HALLANDALE BEACH BLVD. STE. A HALLANDALE FL 33009

6/25/99 900021040 \$158.75  
 DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2a. Mailing Address  
 21 2910 EAST COMMERCIAL BLVD 20 2910 EAST COMMERCIAL BLVD

Suite, Apt. #, etc. Suite, Apt. #, etc.  
 22 23 27

City & State City & State  
 23 FORT LAUDERDALE, FL 20 FORT LAUDERDALE, FL

Zip Country Zip Country  
 24 33308 25 US 20 33308 30 US

3. Date Incorporated or Qualified  
 06/06/1994

4. FEI Number Applied For  
 65-0499038 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 owes the current year Intangible Personal Property Tax.  Yes  No

9. Name and Address of Current Registered Agent  
 OGHINSKY, LEONARD ESQ.  
 1160 EAST HALLANDALE BEACH BLVD. STE. A  
 HALLANDALE FL 33009

10. Name and Address of New Registered Agent  
 81 Name MICHAEL MATTA  
 82 Street Address (P.O. Box Number is Not Acceptable) 2910 EAST COMMERCIAL BOULEVARD  
 83  
 84 City FORT LAUDERDALE FL 85 Zip Code 33308

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]* 3-1-99  
 Signature, typed or printed name of registered agent and date if applicable (NOTE: Registered Agent signature required when re-appointing) DATE

12. OFFICERS AND DIRECTORS	
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	SHEHADEH, ABDEL K
STREET ADDRESS	1150 EAST HALLANDALE BEACH BLVD. STE. A
CITY-ST-ZIP	HALLANDALE FL 33009
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.	
1.1 TITLE	D-P-S-T <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addit
1.2 NAME	MICHAEL MATTA
1.3 STREET ADDRESS	2910 EAST COMMERCIAL BLVD
1.4 CITY-ST-ZIP	FORT LAUDERDALE, FL 33308
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addit
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addit
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addit
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addit
5.2 NAME	LS
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addit
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, with all other like empowered.

SIGNATURE: *[Signature]* 3-1-99 954-971-0616  
 Signature and typed or printed name of signing officer or director Date Daytime Phone #