

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P94000047639 (7)

1. Corporation Name

FLORIDA MEAT & FOOD INC.



Principal Place of Business

13091 PORT SAID RD.  
#2  
OPALOCKA FL 33064

Mailing Address

13091 PORT SAID RD.  
#2  
OPALOCKA FL 33064

3. Date Incorporated or Qualified  
06/24/1994

3a. Date of Last Report  
03/20/1995

4. FEI Number  
65-0503087

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. 199.032,  
Florida Statutes. ☐ Yes ☐ No

10. Name and Address of New Registered Agent

81. Name  
82. Street Address (P.O. Box Number is Not Acceptable)

83.  
84. City  
85. Zip Code

FL

Zip Code

2. Principal Place of Business

21. 9075-TAFT STREET

Suite, Apt. #, etc.

22. City & State

23. PEMBERKE PINES

24. 33024

25. BROWARD

2a. Mailing Address

26. 9075-TAFT STREET

Suite, Apt. #, etc.

27. City & State

28. PEMBERKE PINES

29. 33024

30. BROWARD

9. Name and Address of Current Registered Agent

BUTT, SOFIA M  
13091 PORT SAID RD.  
#2  
OPALOCKA FL 33064

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 typed or printed and not handwritten (agent and director only)

(if only Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD  
NAME BUTT, SOFIA M  
STREET ADDRESS 13091 PORT SAID RD., #2  
CITY-ST-ZIP OPA LOCKA FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME  
1.3 STREET ADDRESS 7125-D.W. 186 ST #408,  
MIAMI, FL 33015  
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME  
6.3 STREET ADDRESS  
6.4 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)(k), 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:

Sofia M. Butt

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/96 (954) 437 9101

DATE

Daytime Phone #

CR2E034 (12/95)