

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 19 AM 10:18

DOCUMENT # P94000057241 (9)

1. Corporation Name

HYM SMOKEHOUSE CORPORATION

Principal Place of Business

1040 W HALLANDALE BEACH BLVD
HALLANDALE FL 33009

Mailing Address

1040 W HALLANDALE BEACH BLVD
HALLANDALE FL 33009

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

08/03/1994

3a. Date of Last Report

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. FEI Number

65-0258008

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

9. Name and Address of Current Registered Agent

HAROON, FAISAL
1040 W HALLANDALE BEACH BLVD
HALLANDALE FL 33009

10. 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

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 name of registered agent and title if applicable

NOTE: Registered Agent signature required when terminating

DATE

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DP
NAME HAROON, FAISAL
STREET ADDRESS 1040 W HALLANDALE BEACH BLVD
CITY- ST- ZIP HALLANDALE FL 33009

TITLE DVT
NAME YOUSUF, MOHAMMAD
STREET ADDRESS 1040 W HALLANDALE BEACH BLVD
CITY- ST- ZIP HALLANDALE FL 33009

TITLE DS
NAME PANJWANI, MOHAMMAD
STREET ADDRESS 1040 W HALLANDALE BEACH BLVD
CITY- ST- ZIP HALLANDALE FL 33009

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

1.1 TITLE
12 NAME
13 STREET ADDRESS
14 CITY- ST- ZIP

2.1 TITLE
22 NAME
23 STREET ADDRESS
24 CITY- ST- ZIP

3.1 TITLE
32 NAME
33 STREET ADDRESS
34 CITY- ST- ZIP

4.1 TITLE
42 NAME
43 STREET ADDRESS
44 CITY- ST- ZIP

5.1 TITLE
52 NAME
53 STREET ADDRESS
54 CITY- ST- ZIP

6.1 TITLE
62 NAME
63 STREET ADDRESS
64 CITY- ST- ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

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☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Signature (Typed)