

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

ANNUAL REPORT

1995



FLORIDA DEPARTMENT OF STATE
Division of Corporations
Tallahassee, Florida 32399-0001

APPROVED
AND
FILED

CLERK - J. M. G. 41

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000064388 (9)**

SAT. COMM. INC.

2638 N.E. 27TH AVENUE
FT. LAUDERDALE FL 33306

2638 N.E. 27TH AVENUE
FT. LAUDERDALE FL 33306

3. Date of Incorporation or Organization: **08/30/1994**

4. FID Number: **65-0521171**

5. Certificate of Status Desired: **XX** **\$8.75 Additional Fee Required**

6. Election Campaign Financing: ☐ **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under the 1993 Florida Statutes: ☐ Yes ☒ No

21. Principal Office Address: **2648 N.E. 27th Ave.**

22. City, State, and Zip: **Ft. Lauderdale, FL.**

23. Country: **USA**

24. Name and Address of Current Registered Agent: **33306**

25. Name and Address of New Registered Agent: **USA**

26. Name: **81 Name**

27. Street Address (P.O. Box Number is Not Acceptable): **82 Street Address (P.O. Box Number is Not Acceptable)**

28. City: **83 City**

29. State: **FL**

30. Zip Code: **85 Zip Code**

11. I, the undersigned, being a resident of the State of Florida, do hereby certify that the above named corporation has been organized in accordance with the provisions of the Florida Statutes, and that the corporation has been duly organized and is now in existence.

12. Name and Address of Officer or Director: **PD RICH, MICHAEL C 2638 N.E. 27TH AVENUE FT. LAUDERDALE FL 33306**

13. Name and Address of Officer or Director: **VPD RICH, KATHY S 2638 N.E. 27TH AVENUE FT. LAUDERDALE FL 33306**

14. Name and Address of Officer or Director: **ST LANHAM, ROBERT S 2638 N.E. 27TH AVENUE FT. LAUDERDALE FL 33306**

15. Name and Address of Officer or Director: **Director RICH, MICHAEL C 2648 N.E. 27th Avenue Ft. Lauderdale, FL. 33306**

16. Name and Address of Officer or Director: **President RICH, KATHY S 2648 N.E. 27th AVENUE FT. LAUDERDALE, FL. ###) \$**

17. Name and Address of Officer or Director: **Sec./Tres. LANHAM ROBERT L. 7985 Dowitch Lane Apt. # H Indianapolis, IN. 46240**

18. Name and Address of Officer or Director: **7985 Dowitch Lane Apt. # H Indianapolis, IN. 46240**

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25. Name and Address of Officer or Director: **7985 Dowitch Lane Apt. # H Indianapolis, IN. 46240**

SIGNATURE: **KATHY S. RICH**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Kathy S. Rich

04-28-95 (MS) 564-3601

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CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Barbara B. Mouton
Secretary of State
Tallahassee, Florida 32399-0001

DOCUMENT # **P94000065216 (1)**

1. Corporation Name:

FRENCH FOODS, INC.

STATE
FLORIDA

Principal Place of Business:

**101 MADEIRA AVENUE
CORAL GABLES FL 33134**

Mailings Address:

**101 MADEIRA AVENUE
CORAL GABLES FL 33134**

2. Date of Report: 09/06/1994

3. Date of Report: 09/06/1994

3a. Date of Last Report:

09/06/1994

4. FID Number:
65-0537278

Applied For:
Not Applicable

5. Certificate of Status Document: ☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution: ☐

**\$5.00 May Be
Added to Fees**

8. The corporation has agent for notices by order of Secretary
Florida Statutes: ☐ Yes ☒ No

2. Principal Place of Business:

21
101 Madeira Avenue

2a. Mailing Address:

26
101 Madeira Avenue

22
Coral Gables, FL

27
Coral Gables, FL

23
33134

28
33134

24
09/06/1994

25
09/06/1994

29
09/06/1994

30
09/06/1994

9. Name and Address of Current Registered Agent

**ARAZOZA & COMAS
101 MADEIRA AVENUE
CORAL GABLES FL 33134**

10. Name and Address of New Registered Agent

81 Name:

82 Street Address (P.O. Box Number): Not Applicable

83

84 City:

FL

85 Zip Code:

11. Pursuant to the provisions of section 607.01, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office of record, which is set forth in the public records of Florida. Such changes were authorized by the corporation's board of directors, hereby accept the appointment as registered agent. I am a member of the corporation and the information is true to the best of my knowledge.

SIGNATURE:

Signature of Registered Agent

Signature of New Registered Agent

12. OFFICERS AND DIRECTORS:

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN:

PD
ALAIN BEDOUARE
c/o 101 MADEIRA AVE
CORAL GABLES, FL 33134

1. NAME:

2. STREET ADDRESS:

3. CITY:

4. STATE:

5. ZIP CODE:

6. NAME:

7. STREET ADDRESS:

8. CITY:

9. STATE:

10. ZIP CODE:

11. NAME:

12. STREET ADDRESS:

13. CITY:

14. STATE:

15. ZIP CODE:

16. NAME:

17. STREET ADDRESS:

18. CITY:

19. STATE:

20. ZIP CODE:

21. NAME:

22. STREET ADDRESS:

23. CITY:

24. STATE:

25. ZIP CODE:

26. NAME:

27. STREET ADDRESS:

28. CITY:

29. STATE:

30. ZIP CODE:

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in section 607.01(2)(b), Florida Statutes. I further certify that I have read and understand the provisions of the corporation's report of its financial condition and that my signature shall have the same legal effect as if signed under oath. That I am an officer or director of the corporation or the name or address of the person who is authorized to execute this report as required by chapter 607, Florida Statutes, and that my name appears in Block 12 of this filing is based on an affidavit furnished with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR

4/25/95

(305) 466 6226