

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # P94000068931 (2)

1. Corporation Name

NADA FOOD CORPORATION



Principal Place of Business

744 SW 8TH AVE
HOMESTEAD FL 33030-6952

Mailing Address

744 SW 8TH AVE
HOMESTEAD FL 33030-6952

2. Principal Place of Business

2a. Mailing Address

21 Homestead, FL
Suite, Apt. #, etc.

26 744 SW 8th AVE
Suite, Apt. #, etc.

22 none
City & State

27 none
City & State

23 Homestead, FL
Zip Country

28 Homestead, FL
Zip Country

24 33030 25 U.S.A.

29 33030 30 U.S.A.

9. Name and Address of Current Registered Agent

DAYEM, FATMEH A
744 SW 8TH AVE
HOMESTEAD FL 33030-6952

81 Name

none

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0527 and 607.1501, 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 neither asked by the corporation's board of directors, thereby, except the appointment as registered agent, I am familiar with, and accept the obligations of, Section 607.0527, Florida Statutes.

SIGNATURE

Signature of the President, Secretary, Treasurer, or Director

Signature of the Agent for Service of Process

DATE

12. OFFICERS AND DIRECTORS		
TITLE	P	<input type="checkbox"/> DELETE
NAME	FATIMEH, DAUEM A	
STREET ADDRESS	744 SW 8TH AVE	
CITY-STATE-ZIP	HOMESTRAD FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME		
3. STREET ADDRESS		
4. CITY-STATE-ZIP	none	
5. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME		
7. STREET ADDRESS		
8. CITY-STATE-ZIP		
9. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME		
11. STREET ADDRESS		
12. CITY-STATE-ZIP		
13. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME		
15. STREET ADDRESS		
16. CITY-STATE-ZIP		
17. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
18. NAME		
19. STREET ADDRESS		
20. CITY-STATE-ZIP		

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***200.00

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and I do not qualify for the exemption state in Section 118.07(1)(g), Florida Statutes. I further certify that the information indicated on this annual report or supplied on an 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 treasurer 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: *Fatimah* 10302 Dec 6 96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Fatimah Abdel Dayem

02-13-96 (305) 649-1157
Date Filed Fee Paid

CR2E034 (12/95)