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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE. Sandra B. Mortham

1. Corporation	1996 IMENT # P940 DA FOODS, INC.	000		(O)		ÖNS				
Principal Place of Business Mailing Address										
16477 NE 1 N MIAMI BI	5TH AVE. EACH FL 33162	16477 NE 15TH AVE. N MIAMI BEACH FL 3 3162								
2. Principal P	lace of Business	20	Nation Add				3. Date Incorporated or Qualified 11/03/1994	3a. Date of 04/2		
21		2a. Ma-ling Address			4. FEI Number		Ĺ	Applied For		
Suite, Apt.	#, etc.					65-0532288	Not Applicable			
City & State	Α	27					5. Certificate of Status Desired			5 Additional Required
23	u	28	City & State				6. Election Campaign Financing	F-3		00 May Be
Zφ	Country	[20]	Zip	Cou	oto/		Trust Fund Contribution	L-J	Add	ed to Fees
24	25	29		30			8. This corporation has liability for Florida Statutes	intangible tax u No	nder :	s 199.032,
	9. Name and Address of Curre	nt Regist	ered Agent		81		10. Name and Address of New R		ent	·
N MIAM 11. Pursuant tor register familiar with SKGNATURE				utes, the abovized by the cies.	83 84 ve-na orpor	City med corpor ation's boar	ress (P.O. Box Number is Not Acceptab ation submits this statement for the pun rd of directors. Thereby accept the appo	В	5 Z	ip Code registered offici d agent. I am
12.	Styrature, tysicolor pricted name of registered agur OF FICE RS AN			NOTE Registered /	gent s	gnature requico		DATE		
TITLE	DP OF HOLENS AN	IL/ DIMEGI	ONS [] DELETE	13.			ADDITIONS/CHANGES TO OFFIC			DR\$ IN 12
NAME STREET ADURESS CHY-ST-ZIP	Rashid, Ibrahim 16477 ne 15th ave. N Miami Beach Fl			1.2 NAM 1.3 STR	AE EFT A[I			[∏ Ct	iange	Addition
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REET ADDRESS				6.2 NAME						
[Y-SI-ZiP				6.3 STREE 6.4 City-:		- 1				
 I do hereby c certify that th oath; that I a appears in Bi 	certify that the information supplied when information indicated on this endue man officer or director of the control of the c	th this filing the second or t	g is voluntarily furni supplemental annu receiver or trustee ment with an adda	ished and doc	es no	t qualify for	the exemption stated in Section 119.07 and that my signature shall have the sar eport as required by Chapter 607, Floric	(3)(k), Florida St ne legal effect a la Statutes: and	atute:	s. further nade under

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-96 (305)945-6855