

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED  
Jan 17 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P94000087405 (4)**

1. Corporation Name  
**SINJIL FOOD, INC.**



Principal Place of Business <b>7432 ROYAL PALM BLVD. MARGATE FL 33063</b>	Mailing Address <b>7432 ROYAL PALM BLVD. MARGATE FL 33063-6881</b>
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3. Date Incorporated or Qualified <b>11/30/1994</b>	3a. Date of Last Report <b>02/01/1996</b>
4. FEI Number <b>65-0548422</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business <b>7432 ROYAL PALM BLVD. MARGATE FL 33063</b>	2a. Mailing Address <b>7432 ROYAL PALM BLVD. MARGATE FL 33063-6881</b>
22. City & State <b>MARGATE FL</b>	27. City & State <b>MARGATE FL</b>
23. Zip <b>33063</b>	28. Zip <b>33063</b>
24. Country <b>USA</b>	29. Country <b>USA</b>

9. Name and Address of Current Registered Agent <b>MUSALLAM, FOUAD H 7432 ROYAL PALM BLVD MARGATE FL 33063</b>	
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10. Name and Address of New Registered Agent	
81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83. City	
84. State <b>FL</b>	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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS	
TITLE <b>VP</b>	<input type="checkbox"/> DELETE
NAME <b>MUSALLAM, FOUAD H</b>	
STREET ADDRESS <b>7432 ROYAL PALM BLVD</b>	
CITY-ST-ZIP <b>MARGATE FL</b>	
TITLE <b>P.R.</b>	<input checked="" type="checkbox"/> DELETE
NAME <b>AFIF HAIMOUT</b>	
STREET ADDRESS <b>7432 Royal palm Blvd.</b>	
CITY-ST-ZIP <b>Margate FL 33063</b>	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE <b>President</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME <b>Fouad H. Musallam</b>	
1.3 STREET ADDRESS <b>7432 Royal palm Blvd.</b>	
1.4 CITY-ST-ZIP <b>Margate FL 33063</b>	
2.1 TITLE <b>Secretary</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME <b>Fouad H. Musallam</b>	
2.3 STREET ADDRESS <b>Same</b>	
2.4 CITY-ST-ZIP	
3.1 TITLE <b>Treas.</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME <b>Fouad H. Musallam</b>	
3.3 STREET ADDRESS <b>Same</b>	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 does not qualify for the exemption stated in Section 119.07(3)(i), 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

1-9-97 (954) 968-0175  
Date Daytime Phone #

0145903

CR2E034 (9/96)