FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # **P94000087711 (5)**

1. Corporation Name
PFI FOODS, INC.

Principal Place of Business
1445 NW 22 ST
MIAMI FL 33142
US

Mailing Address
1445 NW 22 ST
MIAMI FL 33142
US

3. Date Incorporated or Qualified: **12/02/1994**
3a. Date of Last Report: **03/22/1995**

2. Principal Place of Business (21)
2a. Mailing Address (26)
Suite, Apt. #, etc (22)
Suite, Apt. #, etc. (27)
City & State (23)
City & State (28)
Zip (24) Country (25)
Zip (29) Country (30)

4. FEI Number: **65-0542427** — 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**
POLLAK, ELLEN
10108 NW 3RD COURT
PLANTATION FL 33324

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: _____ DATE: _____
Signature (typed or printed name of registered agent and title if applicable) — (NOTE: Registered Agent's post is required when resigning)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	POLLAK, JEANNE	1.2 NAME	
STREET ADDRESS	3530 MYSTIC POINTE DR #905	1.3 STREET ADDRESS	
CITY-ST-ZIP	AVENTURA FL 33180	1.4 CITY-ST-ZIP	
TITLE	V ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	POLLAK, STEVEN	2.2 NAME	
STREET ADDRESS	1489 NW 126 WAY	2.3 STREET ADDRESS	
CITY-ST-ZIP	SUNRISE FL 33323	2.4 CITY-ST-ZIP	
TITLE	S ☐ DELETE	3.1 TITLE	S ☒ Change ☐ Addition
NAME	POLLAK, CARRI	3.2 NAME	POLLAK, CARRI
STREET ADDRESS	3530 MYSTIC POINTE DR. #905	3.3 STREET ADDRESS	17980 NE 31 CT #1126
CITY-ST-ZIP	AVENTURA FL 33180	3.4 CITY-ST-ZIP	AVENTURA, FL 33160
TITLE	T ☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	POLLAK, ELLEN	4.2 NAME	
STREET ADDRESS	10108 NW 3 CT	4.3 STREET ADDRESS	
CITY-ST-ZIP	PLANTATION FL 33180	4.4 CITY-ST-ZIP	
TITLE	V ☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	POLLAK, MICHAEL	5.2 NAME	
STREET ADDRESS	10108 NW 3 CT	5.3 STREET ADDRESS	
CITY-ST-ZIP	PLANTATION FL 33324	5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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: Ellen L Pollak ELLEN L POLLAK TREAS 2/15/96 305-326-7400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)