FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 20 AM 9:24

DOCUMENT # **P94000089435 (9)**

1. Corporation Name
EXUR CORPORATION

Principal Place of Business	Mailing Address
3191 CORAL WAY SUITE 702 MIAMI FL 33145	3191 CORAL WAY SUITE 702 MIAMI FL 33145

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/09/1994
3a. Date of Last Report:

2. Principal Place of Business
21: 3191 CORAL WAY
Suite, Apt #, etc. 22: # 641
City & State 23: MIAMI FL
Zip 24: 33145 County 25: DADE

2a. Mailing Address
26: 3191 CORAL WAY
Suite, Apt #, etc. 27: # 641
City & State 28: MIAMI FL
Zip 29: 33145 County 30: DADE

4. FEI Number: 65-0583801 ☐ 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 § 199.032, Florida Statutes* ☑ Yes ☐ No

9. Name and Address of Current Registered Agent

YBARRA, GRISEL ESQ
3191 CORAL WAY SUITE 702
MIAMI FL 33145

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 _____ (Signature, Typed or Printed name of registered agent and Title if applicable) (NOTE: Registered Agent signature required when restating) (DATE)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☐ Change ☐ Addition
NAME	CANO, JULIO C	12 NAME	
STREET ADDRESS	FEDERICO GARCIA LIORCA 8220	13 STREET ADDRESS	
CITY ST ZIP	MONTEVIDEO URUGUARY	14 CITY ST ZIP	
TITLE		21 TITLE	☐ Change ☐ Addition
NAME		22 NAME	
STREET ADDRESS		23 STREET ADDRESS	
CITY ST ZIP		24 CITY ST ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY ST ZIP		34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 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)(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: X _____ JULIO CANO 6/16/95 1-305-567-1116
(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) (Date) (Daytime Phone #)

0180337 CP

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $378)

PROFIT CORPORATION ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN [illegible] AM 8:27

DOCUMENT # P94000089767 (5)

1. Corporation Name

FOODMASTERS, INC.

Principal Place of Business	Mailing Address
22507 WEST ESPLANADA CIRCLE BOCA RATON FL 33433-5916	22507 WEST ESPLANADA CIRCLE BOCA RATON FL 33433-5916

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/09/1994
3a. Date of Last Report:

2. Principal Place of Business
21: 9609 RIVERSIDE DRIVE
22 Suite, Apt. #, etc.: # B1
23 City & State: CORAL SPRINGS FL
24 Zip: 33071
25 Country:

2a. Mailing Address
26: 9609 RIVERSIDE DRIVE
27 Suite, Apt. #, etc.: #B1
28 City & State: CORAL SPRINGS FL
29 Zip: 33071
30 Country:

4. FEI Number: 65-0540728 ☐ 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

MOROSOHK, ALLEN
22507 WEST ESPLANADA CIRCLE
BOCA RATON FL 33433-5916

10. Name and Address of New Registered Agent

81 Name: SYLVESTER GALASSO
82 Street Address (P.O. Box Number is Not Acceptable): 9609 RIVERSIDE DRIVE #B1
83
84 City: CORAL SPRINGS FL 85 Zip Code: 33071

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: SYLVESTER GALASSO PRES — DATE: 6/7/95
Signature, typed or printed name of registered agent and title if applicable
NOTE: Registered Agent signature required when mandatory.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	D MOROSOHK, ALLEN 22507 WEST ESPLANADA CIRCLE BOCA RATON FL 33433-5916	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY ST ZIP	PRES SYLVESTER GALASSO 9609 RIVERSIDE DRIVE #B1 CORAL SPRINGS FL 33071	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	D GALASSO, SYLVESTER M JR 9609 RIVERSIDE DRIVE APT. #B1 CORAL SPRINGS FL 33071	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY ST ZIP	SEC/TREASUR JASON GALASSO 9609 RIVERSIDE DR #B1 CORAL SPRINGS FL 33071	☒ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	SEC TREA JASON GALASSO 9609 RIVERSIDE DR #B1 CORAL SPRINGS FL 33071	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY ST ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY ST ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY ST ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY ST ZIP		☐ Change ☐ Addition

CR2E034 (3/95)

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)(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: SYLVESTER GALASSO PRES — Date — 305-753-4616 Daytime Phone #
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0150340 FP