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 # **P95000008680 (7)**

1. Corporation Name

MAX COHEN FOOD SERVICE, INC.

Principal Place of Business	Mailing Address
1020 NE 212TH TERRACE N. MIAMI BEACH FL 33162	1020 NE 212TH TERRACE N. MIAMI BEACH FL 33162

MAX Cohen Food Service INC

2. Principal Place of Business	2a. Mailing Address
21 1020 NE 212 Terr	26 1020 NE 212 Terr
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 N Miami Beach	27 N Miami
City & State	City & State
23 FL	28 N Miami FL
Zip / Country	Zip / Country
24 33179 / 25 Dade	29 33179 / 30 Dade

3. Date Incorporated or Qualified: 01/30/1995

3a. Date of Last Report:

4. FEI Number: 65-0605918 ☐ 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

COHEN, MARK D
EMERALD HILLS EXECUTIVE CENTER TWO
4651 SHERIDAN ST., SUITE 300
HOLLYWOOD FL 33021

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: Judith M Rossi secretary DATE

Signature of typed or printed name of registered agent (Required for application) (NOTE: Registered Agent signature required when name is changed)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	ROSSI, A J		1.2 NAME		
STREET ADDRESS	1020 NE 212TH TERRACE		1.3 STREET ADDRESS		
CITY-ST-ZIP	N. MIAMI BEACH FL 33162		1.4 CITY ST ZIP		
TITLE	SECRETARY	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	Judith M Rossi		2.2 NAME		
STREET ADDRESS	1020 NE 212 Terr		2.3 STREET ADDRESS		
CITY-ST-ZIP	N Miami Beach FL 33179		2.4 CITY ST ZIP		
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY ST ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY ST ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			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		

CR2E034 (12/95)

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)(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: Judith M Rossi secretary 4-23-96

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #