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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # **P95000008680**1. Corporation Name

MAX COHEN FOOD SERVICE, INC.

·					18 /11 18 /11 18/18/18/18/18	
Principal Place of Business	Mailing Address			1 (001)001 (25 (310) 61() 63() 00()]	88111 88(11 8818) 18118 8 (18	
1020 NE 212TH TERRACE	1020 NE 212TH TERRACE					
MIAMI BEACH FL 33179 N MIAMI FL 33179						
US	US			· DO NOT WRITE	IN THIS SPACE	
	•			3. Date Incorporated or Qualifed		
6 Delegio d Place of Business	B 1185-110 a Address	······		01/30/1995 4. FEI Number	11.	* -
2. Principal Place of Business	2a. Mailing Address				——	plied For
21	26			65-0605918		ot Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		Additional equired
City & State	City & State					<u>'</u>
–	28			6. Election Campaign Financing		May Be
Zip Country	28 Zip	Count	rv	Trust Fund Contribution		to Fees
			.,	This corporation owes the current Personal Property Tax.	t year intangible ☐ Yes	□No
9. Name and Address of Cu	- 1	30		10. Name and Address of New Rec		
S. Marie and Address Of Co	intent Kegistered Agent	8	1 Name	IV. Hame and Address of New Reg	intered Adelit	
" COHEN, MARK D	te was take byt take wit	Ľ				
EMERALD HILLS EXECUTIVE CEN	NTER TWO	8	2 Street Add	lress (P.O. Box Number is Not Acceptable	e)	
4651 SHERIDAN ST., SUITE 300		8	3	**************************************	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	111 131
HOLLYWOOD FL 33021		"	1	(基準)等 (基準)以下條件	(网络文质量)	
		8	4 City	20 A 12 A	85 Zip	Code
			<u> </u>		<u> FL </u>	
11. Pursuant to the provisions of Sections 607	.0502 and 607.1508, Florida Statut tate of Florida: Such change was a	es, the abo uthorized b	ve-named corp v the corporati	poration submits this statement for the pulion's board of directors. I hereby accept t	rpose of changing its he appointment as re	registered aistered
office or registered agent, or both, in the Stagent. I am familiar with, and accept the ob-	oligations of, Section 607.0505, Flo	rida Statute	s.	· · · · · · · · · · · · · · · · · · ·		3
SIGNATURE				`		
Signature, typed or printed name of registered		_	ent signature require	ed when reinstating) j 14,4 %	DATE	
TITLE D OFFICERS	S AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTO	RS IN 12
TAM Example 1	: : : DECE IE				, Li Cuange	
	-	1.2 NAME		:		
STREET ADDRESS 1020 NE 212TH TERRACE			ET ADDRESS			•
CITY-ST-ZIP N. MIAMI BEACH FL 33162		1.4 CITY.		•	• "	•,
mle S			ST-ZIP			,
NAME ROSSI, JUDITH M	☐ DELETE	2.1 TITLE	~		☐ Change	, Addition
STREET ADDRESS 1020 NE 212 TERR	☐ DELETE				☐ Change	, Addition
CITY-ST-ZIP N MIAMI BEACH FL	☐ DELETE	2.1 TITLE 2.2 NAME			☐ Change	, Addition
TILE	STATES OF THE STATES	2.1 TITLE 2.2 NAME	ET ADDRESS		<u></u> Change	, Addition
		2.1 TITLE 2.2 NAME 2.3 STRE	ET ADDRESS ST-ZIP		☐ Change	Addition
NAME OF THE PARTY	Sale (18 of 18 of	2.1 TITLE 2.2 NAME 2.3 STRE 2.4 CITY	ET ADDRESS ST-ZIP		_ `	_
STREET ADDRESS	Sale (18 of 18 of	2.1 TITLE 2.2 NAME 2.3 STRE 2.4 CITY 3.1 TITLE 3.2 NAME	ET ADDRESS ST-ZIP		· Change	☐ Addition
NAME: THE RESERVE OF THE PARTY	Sale (18 of 18 of	2.1 TITLE 2.2 NAME 2.3 STRE 2.4 CITY 3.1 TITLE 3.2 NAME 3.3 STRE	ET ADDRESS ST-ZIP		_ `	_
STREET ADDRESS	Sale (18 of 18 of	2.1 TITLE 2.2 NAME 2.3 STRE 2.4 CITY 3.1 TITLE 3.2 NAME 3.3 STRE	ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP		· Change	☐ Addition
STREET ADDRESS CITY-ST-ZIP TITLE	SC (THE BE THE PER PER PER PER PER PER PER PER PER PE	2.1 TITLE 2.2 NAME 2.3 STRE 2.4 CITY 3.1 TITLE 3.2 NAME 3.3 STRE	ET ADDRESS -ST-ZIP	go mile i programa. Sa sa	☐ Change	☐ Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME	OF SET SET OF S	2.1 TITLE 2.2 NAME 2.3 STRE 2.4 CITY 3.1 TITLE 3.2 NAME 3.3 STRE 3.4 CITY 4.1 TITLE 4.2 NAME	ET ADDRESS -ST-ZIP	go militar y salah s	☐ Change	☐ Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	SC (THE BE THE PER PER PER PER PER PER PER PER PER PE	2.1 TITLE 22 NAME 2.3 STRE 2.4 CITY 3.1 TITLE 3.2 NAME 3.3 STRE 3.4 CITY 4.1 TITLE 4.2 NAME 4.3 STREI 4.3 STREI 4.3 STREI	ET ADDRESS ET ADDRESS ET ADDRESS ET ADDRESS	go militar y salah s	☐ Change	☐ Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME	OF SET SET OF S	2.1 TITLE 2.2 NAME 2.3 STRE 2.4 CITY 3.1 TITLE 3.2 NAME 3.3 STREI 3.4 CITY 4.1 TITLE 4.2 NAME 4.3 STREI 4.4 CITY	ET ADDRESS ET ADDRESS ET ADDRESS ET ADDRESS ST-ZIP	go militar y salah s	☐ Change	☐ Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	DELETE OBJECTION OB	2.1 TITLE 2.2 NAME 2.3 STRE 2.4 CITY 3.1 TITLE 3.2 NAME 3.3 STREI 3.4 CITY 4.1 TITLE 4.2 NAME 4.3 STREI 4.4 CITY 5.1 TITLE	ET ADDRESS ET ADDRESS ET ADDRESS ET ADDRESS ST-ZIP	go militar y salah s	☐ Change	☐ Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME	DELETE OBJECTION OB	2.1 TITLE 2.2 NAME 2.3 STRE 2.4 CITY- 3.1 TITLE 3.2 NAME 3.3 STREI 3.4 CITY- 4.1 TITLE 4.2 NAME 4.3 STREI 4.4 CITY- 5.1 TITLE 5.2 NAME	ET ADDRESS ET ADDRESS ET ADDRESS ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP		☐ Change	☐ Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS	DELETE OBJECTION OB	2.1 TITLE 2.2 NAME 2.3 STRE 2.4 CITY 3.1 TITLE 3.2 NAME 3.3 STREI 4.1 TITLE 4.2 NAME 4.3 STREI 4.4 CITY 5.1 TITLE 5.2 NAME 5.3 STREI	ET ADDRESS ET ADDRESS ET ADDRESS ET ADDRESS ET ADDRESS ST-ZIP ET ADDRESS	go militar y salah s	☐ Change	☐ Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME	DELETE DELETE DELETE	2.1 TITLE 2.2 NAME 2.3 STRE 2.4 CITY 3.1 TITLE 3.2 NAME 3.3 STREI 3.4 CITY 4.1 TITLE 4.2 NAME 4.3 STREI 4.4 CITY 5.1 TITLE 5.2 NAME 5.3 STREI 5.4 CITY	ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP		☐ Change ☐ Change ☐ Change	☐ Addition ☐ Addition ☐ Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS	DELETE DELETE DELETE	2.1 TITLE 2.2 NAME 2.3 STRE 2.4 CITY 3.1 TITLE 3.2 NAME 3.3 STREI 4.1 TITLE 4.2 NAME 4.3 STREI 4.4 CITY 5.1 TITLE 5.2 NAME 5.3 STREI	ET ADDRESS ET ADDRESS ET ADDRESS ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP		☐ Change	☐ Addition

14. I 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, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

FILED

Feb 08, 1999 8:00am

Secretary of State

02-08-1999 90029 025 ***150.00

3056510216