FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # P95000029606 (7)

"YUMMY INTERNATIONAL, INC."					
Principal Place o	of Business	Mailing Address			HA BONIN BONIN ANDRE NOME BONIN BONIN BONIN NOME (BONI
3600 N. 45TH AVENUE HOLLYWOOD FL 33021		3600 N. 45TH AVENUE HOLLYWOOD FL 33021			
				 Date Incorporated or Qualified 04/10/1995 	3a. Date of Last Report
2. Principal Place of Business		2a. Mailing Address 26 P.O. B	av 201	4. FEI Number 65-0581100	Applied For Not Applicable
Suite, Apt #, etc.		Suite, Apt. #, etc.	<u> </u>	5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State	0.1 52	6. Election Campaign Financing	55.00 May Be
3		28 West Palm	Country	Trust Fund Contribution 8. This corporation has liability for	Auded to Fees
Zip 24	Country 25	^{Zip} 3340よ	30 USA	Florida Statutes	. // No
4	g. Name and Address of Curre			10. Name and Address of New F	Registered Agent
			81 Name		
WEISS, DAVIO L			82 Street Add	dress (P.O. Box Number is Not Acceptate	ole)
3600 N. 45TH AVENUE			83		
HOLLY	WOOD FL 33021		[]		
			84 City		FL 85 Zip Code
SIGNATURE _	Signatur : typed or printed name of rejective Leg OFFICERS A	e ta une dagenda (m. 1848) AND DIRECTORS	111. Hagistopat Agent signatur , respin		DATE FICERS AND DIRECTORS IN 12
TITLE	0	☐ DELETH	1 1 TITLE		Change Addition
NAME	WEISS, DAVID L		1.2 NAME		
STREET ADDRESS	3600 N. 45TH AVENUE		1.3 STREET ADDRESS		
CITY-ST-ZIP	HOLLYWOOD FL 33021	DELETE	14 CITY - ST - ZIP 2 1 TILLE		Change Addition
TITLE NAME			2 2 NAME		
STREET ADDRESS			2 3 STREET ADDRESS		
CITY-ST-ZIP			2.4 CiTY - ST - 71P		Change Addition
THLE		☐ DELETE	3 1 THILE		C) change C Addition
NAME			3.2 NAME 3.3 STREET ADDRESS		
STREET ADDRESS			3.4 CITY - ST - ZIP		
CITY-ST-ZIP TITLE		DELFTE	4 1 TITLE		Change Addition
NAME			4 2 NAME		
STREEL ADDRESS	1		4.3 STREET ADDRESS		
CITY-ST-ZIP		DECETE	4.4 CBY-ST-ZIP		Change Addition
TIFLE			5 UTIFLE 52 NAME		<u></u>
NAME CIDEET ADDRESS	!		5.3 STREET ADDRESS		
STREET ADDRESS CITY - ST - ZIP			5.4 OTY ST-ZIP		
TITLE		☐ DELETE	6 1 THTLE		Change Addition
NAME			6.2 NAME		

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 this report 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 interpret with an address.

6.3 STREET ADDRESS

6.4 CITY - ST-ZIP

SIGNATURE: ___

STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR