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 # **P95000074514 (7)**

1. Corporation Name

CULINARY CREATIONS INCORPORATED

Principal Place of Business

C/O HUGHES SILVERS & GLASSMAN. CPA
1140 KANE CONCOURSE. 5TH FLOOR
BAY HARBOR ISLAND FL 33154

Mailing Address

C/O HUGHES SILVERS & GLASSMAN. CPA
1140 KANE CONCOURSE. 5TH FLOOR
BAY HARBOR ISLAND FL 33154

3. Date Incorporated or Qualified: **09/22/1995**

3a. Date of Last Report

4. FEI Number: **65-0608794** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired: **X** **$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: **X** Yes ☐ No

2. Principal Place of Business
21
Suite, Apt. #, c/o
22
City & State
23
Zip 24 | County 25

2a. Mailing Address
26
Suite, Apt. #, c/o
27
City & State
28
Zip 29 | County 30

9. Name and Address of Current Registered Agent

SILVERS, ROBERT HENRY
1140 KANE CONCOURSE, 5TH FLOOR
BAY HARBOR ISLAND FL 33154

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 Section 607.0505 and 607.1503, 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 I accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE: D ☐ DELETE
NAME: SILVERMAN, STEVEN
STREET ADDRESS: 2190 NORTHEAST 122 STREET
CITY-ST-ZIP: NORTH MIAMI FL 33181

TITLE: D ☐ DELETE
NAME: KRONFELD, JULIA
STREET ADDRESS: 4144 CHAPEL HILL BOULEVARD
CITY-ST-ZIP: DURHAM NC 27707

TITLE: D ☐ DELETE
NAME: KLEIMAN, ISAAC
STREET ADDRESS: MADISON K-21
CITY-ST-ZIP: PARKVILLE GUAYNAVO. PUERTO RICO

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 TITLE ☐ Change ☐ Addition
1 NAME
1 STREET ADDRESS
1 CITY-ST-ZIP

2 TITLE ☐ Change ☐ Addition
2 NAME
2 STREET ADDRESS
2 CITY-ST-ZIP

3 TITLE ☐ Change ☐ Addition
3 NAME
3 STREET ADDRESS
3 CITY-ST-ZIP

4 TITLE ☐ Change ☐ Addition
4 NAME
4 STREET ADDRESS
4 CITY-ST-ZIP

5 TITLE ☐ Change ☐ Addition
5 NAME
5 STREET ADDRESS
5 CITY-ST-ZIP

6 TITLE ☐ Change ☐ Addition
6 NAME
6 STREET ADDRESS
6 CITY-ST-ZIP

14. I do 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 report or supplemental 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 above, or on an attachment with an address.

SIGNATURE: X _____ 3/12/96 305 864 7531
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone
STEVEN SILVERTMAN

CR2E034 (12/95)