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Jun 10 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT **1997**

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

DOCUMENT # P96000009771

1. Corporation Name OPACUS LIMITED, INC

Principal Place of Business
YUM YUM ICE CREAM CAKE
303 E. ALTAMONTE DR
STE 1750
ALTAMONTE SPRINGS FL 32701

Mailing Address
8752 FT JEFFERSON BLVD
ORLANDO
FL 32822

3. Date Incorporated or Qualified: 1-31-96	**3a.** Date of Last Report:
4. FEI Number: 59-3356775	☐ 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	

2. Principal Place of Business — 21: YUM YUM ICE CREAM CAKE; 22 Suite, Apt. #, etc.: 303 E. ALTAMONTE DR STE 1750; 23 City & State: ALTAMONTE SPRINGS FL; 24 Zip: 32701; 25 Country: USA

2a. Mailing Address — 26: 8752 FT JEFFERSON BLVD; 27 Suite, Apt. #, etc.: ; 28 City & State: ORLANDO FL; 29 Zip: 32822; 30 Country:

9. Name and Address of Current Registered Agent

[redacted] ZOHRA HASSENJEE
8752 FT JEFFERSON BLVD
ORLANDO
FL 32822

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 reinstating) DATE

12. OFFICERS AND DIRECTORS		**13.** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VP ☐ DELETE	11 TITLE	☐ Change ☐ Addition
NAME	MILEY YOUNUS GARDEE	12 NAME	
STREET ADDRESS	8852 FT JEFFERSON BLVD	13 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32822	14 CITY-ST-ZIP	
TITLE	PRESIDENT ☐ DELETE	21 TITLE	☐ Change ☐ Addition
NAME	ZOHRA HASSENJEE	22 NAME	
STREET ADDRESS	8752 FT JEFFERSON BLVD	23 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO, FL 32822	24 CITY-ST-ZIP	
TITLE	TREASURER ☐ DELETE	31 TITLE	☐ Change ☐ Addition
NAME	CADER HASSENJEE	32 NAME	
STREET ADDRESS	8752 FT JEFFERSON BLVD	33 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO, FL 32822	34 CITY-ST-ZIP	
TITLE	☐ DELETE	41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE	☐ DELETE	51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE	☐ DELETE	61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

6-10-97

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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 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: Zohra Hassenjee 4-21-97 (407)339 7330
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #