

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED
Sep 11 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P96000016473 (6)**

1. Corporation Name
GHARIANI'S FINE FOOD, INC.



Principal Place of Business 3301 NE 5TH AVENUE PH. #4 MIAMI FL 33137	Mailing Address 3301 NE 5TH AVENUE PH. #4 MIAMI FL 33137
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 440 N.E. 105 STREET		2a. Mailing Address 26 440 N.E. 105 STREET		3. Date Incorporated or Qualified 02/22/1996	3a. Date of Last Report 12-31-96
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number 65-0645823	Applied for <input type="checkbox"/> Not Applicable
City & State 23 MIAMI SHORES		City & State 28 MIAMI SHORES		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 24 FL 33138		Country 25 USA		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip 29 FL 33138		Country 30 USA		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**GHARIANI, DENISE
3301 NE 5TH AVENUE PH. #4
MIAMI FL 33137**

10. Name and Address of New Registered Agent

81 Name DENISE GHARIANI
82 Street Address (P.O. Box Number is Not Acceptable) 440 N.E. 105 STREET
83
84 City MIAMI SHORES
85 Zip Code FL 33138

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 **DENISE GHARIANI** DATE **8-01-97**

Signature, type or print 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 PRESIDENT	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME DENISE GHARIANI		1.2 NAME	
STREET ADDRESS 440 N.E. 105 STREET		1.3 STREET ADDRESS	
CITY-ST-ZIP MIAMI SHORES- FL. 33138		1.4 CITY-ST-ZIP	
TITLE VICE-PRESIDENT	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME STEVEN CRAIG ELLIXSON		2.2 NAME	
STREET ADDRESS 440 N.E. 105 STREET		2.3 STREET ADDRESS	
CITY-ST-ZIP MIAMI SHORES- FL. 33138		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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 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.

CR2E034 (4/97)