PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Morthum

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT # P96000044466 (6)

ROASTERS DELI ENTERPRISES, INC.

FILED May 16 1997 8:00am Secretary of State



	ot Business	Mailing Address							
12257 SW 130TH STREET MIAMI FL 33186		12257 SW 130TH STREET MIAMI FL 33188-8218							
					3. Date incorpor 05/23/1990		3a. Dat	e of Last F	Report
2. Principa! Pla	ce of Business	2a. Mailing Address		···	4. FE Number	1/0220	<u> </u>	A	pplied For
21		26			65-0	100100	2	N	ot Applicable
Suite, Apt #, etc.		Suite, Apt. #, etc	Suite, Apt. #, etc.		5. Certificate of	Status Desired	\$8.75 Additional Fee Required		
City & State		City & State			6. Election Camp Trust Fund Co				May Be to Fees
Z(p 24 ⊾	Country 25	Zıp	30	untry	8. This corporati Florida Statuti	ion has liability for es	intangible t		s. 1 9 9.032,
<u></u>	9. Name and Address of Cu	rrent Registered Agent			10. Name and A	ddress of New Re	gistered A	gent	
	BER, PETER G PA			81 Name					
49100 SOUTH DADELAND BLVD. STE 910 MIAMI FL 33156				82 Street	ddress (P.O. Box Number is Not Acceptable)				
				83					
				B4 City			FL	85 Zip	Code
agent Lam	the provisions of Sections 607 gistered agent, or both, in the S	thinations of Section 607 050	1705 0011 101121	ou by the eet	poracion o pour a or andor	oro, reproby dood,	bet med mission	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
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SIGNATURE <u> </u>	ignature, typed or printed name of registers	od agent and title if applicable	(NOTE: Register	ed Agent signatur	s required when reinstaling)	HANGES TO OFFIC	DATE CERS AND	DIRECTO	RS IN 12
SIGNATURE 8	ilguature, typed or printed name of registeri OFFICERS		(NOTE: Register	ed Agent signatur	s required when reinstaling)	HANGES TO OFFIC		DIRECTO	·
SIGNATURE 5	ligrature, typed or printed name of registers OFFICERS PSD	od agent and title if applicable AND DIRECTORS	(NOTE: Register	ed Agent signatur	s required when reinstaling)	HANGES TO OFFIC			·
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Information indicated on this annual report or supplemental aroual 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 receive of flystee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 in change).

SIGNATURE:

SIGNATURE AND TYPED DA PRINTED NAME OF SIGNING OFFICER OR DIRECTOR