FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE Sandra B. Morthar#

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P96000053812 (9)

TANYA FOOD ENTERPRISES, INC. Principal Place of Business Mailing Address

FILED Jun 06 1997 8:00am Secretary of State



| 952 NORTHLAKE BLVD. LAKE PARK FL 33403 | | 952 NORTHLAKE BLVD. LAKE PARK FL 33403-20 | 952 NORTHLAKE BLVD. LAKE PARK FL 33403-2001 | | | |
|---|---|--|--|------------------|--|-------------------------------|
| | | | | | 3. Date Incorporated or Qualified 06/24/1996 | 3a. Date of Last Report |
| 2. Principal Place of Business | | 2a. Mailing Address | | | 4. FEJ Number 65-068 968 | 7 Applied For |
| Sulte, Apt. #, etc. | | 26 | | | | |
| 22 | | Suite, Apt. #, etc. | 27 | | 6. Certificate of Status Desired | S8.75 Additional Fee Required |
| City & State | | City & State | | | 6. Election Campaign Financing | \$5.00 May Be |
| 23 | | 28 | | | Trust Fund Contribution | Added to Fees |
| Zip | Country | Zip | , · — , · | | 8. This corporation has liability for intangible tax under s. 199.032, | |
| 25 29 : | | | 30 | Florida Statutes | | |
| | | Tont negletelad Agent | 8 | I Name | 10. Name and Address of New Re | gistered Agent |
| MAROUF, JOSEPH 952 NORTHLAKE BLVD. | | | | | | |
| | RK FL 33403 | | 82 Street Add | | Address (P.O. Box Number is Not Acceptab | le) |
| | | | 8: | 3 | | |
| | | | 84 | City | | |
| | | | 1 | | | 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 | | • | | | | |
| * Bignatur | e, typed or printed name of registered | | | gent a gnature | required when re-ristating) | DATE |
| 112. | OFFICERS | AND DIRECTORS DELETE | 13. | · | ADDITIONS/CHANGES TO OFFIC | |
| | Maraul T | | 1.1 TITLE | | Miles | Change 🔏 Addition |
| STREET ADDRESS 95 | Marouf J 2 Northlake B | 1) vd. | 1.2 NAME | 1 ADDRESS | Marouf Zuhnir 952 Northlake Bl Luke park Fl. 33 | Vd · |
| CITY-ST-ZIP Loc | | | 1.4 CITY | 1 ADDRESS | Lile park Fl 33 | 403 |
| TITLE VID | | DELETE | 2.1 TITLE | 31-21 | tar pape 1, 1, | Change Addition |
| NAME MA | rouf Zuha | 11 | 2.2 NAME | - | | |
| STREET ADDRESS 95 | MAROUF Zuhait RESS 952 Narthluke BIVA. Lake park \$1. 33403 | | 2 3 STREE | T ADDRESS | | |
| CITY-ST-ZIP | pe park fl. | 33403 | 2. 4 CITY | SJ - ZIP | | |
| TITLE | • | ☐ DELETE | 3.1 TITLE | . | | Change Addition |
| NAME | | | 3.2 NAME | | | |
| STREET ADDRESS | | | | T ADDRESS | | 1 |
| CITY-ST-ZIP TITLE | | ☐ DELETE | 3.4. CITY- | S1-ZIP | | Change Addition |
| NAME | | C Occent | 4.2 NAME | | | T outside T' vontfall |
| STREET ADDRESS | | | | T ADDRESS | ٨ ، | |
| CITY-ST-ZIP | | | 4.4 City- | - 1 | 11/1 | |
| TITLE | | | 51 TITLE | | 1.71 | Change Addition |
| NAME | | | 5.2 NAME | | N. | (30) |
| STREET ADDRESS | | | 5.3 STREE | I ADDRESS | */ | ₀ N ₀ |
| CITY-ST-ZIP | | | 5.4 CITY- | ST - ZIP | | V |
| TITLE | | ☐ DELETE | 6.1 TITLE | | والمراه والمراء والبراء فالمراة فالمراة المراء المراء المراء | Change Addition |
| NAME | | | 6.2 NAME | | 10000220 -06/12/970100 | 3131 C000 |
| STREET ADDRESS | | | 6.3 STREF | - 1 | ***165.00 | 13 TUU0 |
| CITY-ST-ZIP | fy that the information asset | liad with this fillian does not qual | 6.4 CITY - 1 | ST-ZIP | ***103.UU | |

Information indicated on this annual report or supplied with this illing does not quality 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 erpowered 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 address.