

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.)

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P96000058722 (5)

1. Corporation Name
SAVOUR GOURMET, INC.

Principal Place of Business

1811 FOLKSTONE ROAD
TALLAHASSEE FL 32312

Mailing Address

1811 FOLKSTONE ROAD
TALLAHASSEE FL 32312

APPROVED
AND
FILED
97 SEP 10 PM 2:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 07/12/1996
3a. Date of Last Report

4. FEI Number 59-3391048
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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 1452 N.E. 130th ST.
Suite, Apt. #, etc.

22 City & State
23 North Miami, FL

24 Zip 33161
Country U.S.A.

2a. Mailing Address

26 1452 N.E. 130th ST.
Suite, Apt. #, etc.

27 City & State
28 North Miami, FL

29 Zip 33161
Country U.S.A.

9. Name and Address of Current Registered Agent

FERNANDEZ-STRATTON, MARIA C
1811 FOLKSTONE ROAD
TALLAHASSEE FL 32312

10. Name and Address of New Registered Agent

81 Name Fernandez, Mario J.
82 Street Address (P.O. Box Number is Not Acceptable)
1452 N.E. 130th ST.
83
84 City North Miami FL 85 Zip Code 33161

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 Mario J. Fernandez

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME ☐ DELETE
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ DELETE
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ DELETE
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ DELETE
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ DELETE
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ DELETE
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE President ☐ Change ☐ Addition
1.2 NAME Raul O. Fernandez
1.3 STREET ADDRESS 2872 Wilkicrane Dr.
1.4 CITY-ST-ZIP Tallahassee, FL 32308

2.1 TITLE Mario J. Fernandez ☐ Change ☐ Addition
2.2 NAME chg - ops - operations
2.3 STREET ADDRESS 931 S. Park Rd. Apt. 310
2.4 CITY-ST-ZIP Hollywood, FL 33021

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS 200002292352-6
3.4 CITY-ST-ZIP -09/12/97-01132-023

4.1 TITLE ****165.00 ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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.

SIGNATURE: Mario J. Fernandez

9/5/97 305-981-8777

CR2E034 (4/97)