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

**PROFIT CORPORATION** ANNUAL REPORT

**19**98



FLORIDA DEPARTMENT OPSTATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

**DOCUMENT #** P96000097219 (5)

COLORADO MEAT COMPANY #2

Principal Place of Business

Mailing Address

1025 SOUTH SEMORAN BOULEVARD. SUITE 1075

POST OFFICE BOX 720841

## FILED Jul 02 1998 8:00am Secretary of State



WINTER PARK FL 32792 ORLANDO FL 32872 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 12/02/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 38-3324500 21 Not Applicable Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Ŧ 22 Fee Regulred 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Country 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. .... Yes □ No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent AMERILAWYER CHARTERED 81 Name Sirous Ghanimati 343 ALMERIA AVENUE 82 Street A CORAL GABLES FL 33134 3092 Stone Castle Road 83 84 City Zip Code 32822 Orlando of Sections 607,0502 and 607,1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered 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 as point the obligations of, Section 607,0505, Florida Statutes. SIGNATUR 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. PSTD DELETE TITLE 1.1 THILE Change **GHANIMATI, SIROUS** NAME 1.2 NAME 1025 SOUTH SEMORAN BOULEVARD, SUITE 1075 STREET ADDRESS 1.3 STREET ADDRESS **WINTER PARK FL 32792** CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE TITLE 2.1 TITLE ☐ Change Addition NAME 2.2 NAME STREET ADDRESS 23 STREET ADDRESS CITY-ST-ZIP 2 4 CITY-ST-ZIP TITLE DELETE Change 3.1 THLE Addition NAME 3.2 NAME STREET ADORESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CHY-ST-2IP TITLE DELETE 4.1 TITLE Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST- ZIP DELETE TITLE 5.1 TITLE Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP TITLE DELETE Change 6.1 TILLE Addition 700002579407° -07/02/98--01073--032 NAME 6.2 NAME D/ STREET ADDRESS 63 STREET ADDRESS \*\*\*158.75 CITY-ST-ZIP 6.4 CITY-ST-ZIP

14. I 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 supplied entail annual report is to 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 of the receiver or trustee 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 a progress.