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FILED
May 06 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # P96000102583 (7)
1. Corporation Name
MAHARLIKA INT'L FOOD & CATERING SERVICES, INC.



Principal Place of Business: 549 N.W. 58TH AVENUE MIAMI FL 33126
Mailing Address: 549 N.W. 58TH AVENUE MIAMI FL 33126-3117

3. Date Incorporated or Qualified: 12/20/1996
3a. Date of Last Report: N/A
4. FEI Number: [] 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 has liability for intangible tax under s. 199.032, Florida Statutes: [] Yes No

2. Principal Place of Business: 609 NW 58th Ave
2a. Mailing Address: 609 NW 58th Ave
21. Suite, Apt. #, etc.:
22. City & State: MIAMI, FL
23. Zip: 33126 Country:
24. City & State: MIAMI, FL
25. Zip: 33126 Country:

9. Name and Address of Current Registered Agent
MAGPARANGALAN, EDWIN M
549 N.W. 58TH AVENUE
MIAMI FL 33126

10. Name and Address of New Registered Agent
81 Name:
82 Street Address (P.O. Box Number is Not Acceptable): 609 NW 58th Ave
83 City: MIAMI FL 85 Zip Code: 33126

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 provisions of, Section 607.0505, Florida Statutes.

SIGNATURE: [Signature] DATE: 4-28-97
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

| | | |
|----------------|------------------------|--|
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | MAGPARANGALAN, EDWIN M | |
| STREET ADDRESS | 549 N.W. 58TH AVENUE | |
| CITY-ST-ZIP | MIAMI FL 33126 | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | CAPISTRANO, NESTOR | |
| STREET ADDRESS | 549 N.W. 58TH AVENUE | |
| CITY-ST-ZIP | MIAMI FL 33126 | |
| TITLE | D | <input checked="" type="checkbox"/> DELETE |
| NAME | ARCEO, JORGE | |
| STREET ADDRESS | 549 N.W. 58TH AVENUE | |
| CITY-ST-ZIP | MIAMI FL 33126 | |
| TITLE | D | <input checked="" type="checkbox"/> DELETE |
| NAME | LACANARIA, HENRY | |
| STREET ADDRESS | 549 N.W. 58TH AVENUE | |
| CITY-ST-ZIP | MIAMI FL 33126 | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|--------------------|----------------------------|--|
| 1.1 TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 1.2 NAME | RYAN Y. RAMOS | |
| 1.3 STREET ADDRESS | 9972 SW 88th ST. APT. #51 | |
| 1.4 CITY-ST-ZIP | MIAMI, FL 33176 | |
| 2.1 TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 2.2 NAME | JAMES DEL PUERTO | |
| 2.3 STREET ADDRESS | 3581 SW 117 AVE. APT # 309 | |
| 2.4 CITY-ST-ZIP | MIAMI, FL 33175 | |
| 3.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | | |
| 3.3 STREET ADDRESS | | |
| 3.4 CITY-ST-ZIP | | |
| 4.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | | |
| 4.3 STREET ADDRESS | | |
| 4.4 CITY-ST-ZIP | | |
| 5.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | | |
| 5.3 STREET ADDRESS | | |
| 5.4 CITY-ST-ZIP | | |
| 6.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> 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: [Signature] DATE: 4/28/97 905-386 0178
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)