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

PROFIT CORPORATION ANNUAL REPORT

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ELORIDA DEPARTMENT DE STATE

Sandra B. Mortham

 Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000050494 (8)

LIBSON DELI, INC. lifern Isti INC.

CORPLET IS.

Principal Place of Business 481 EAST COMMERICAL BOULEVARB FORT LAUDERDALE FL 33334

Mailing Address

481 EAST COMMERICAL BOULEVARD FORT LAUDERDALE FL 33334

FILED

98 MAY - 1 PM 12: 16

SECRETARY OF STATE TALLAHASSEE. FLORIDA



DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 06/06/1997 2. Principal Place of Business 2a. Mailing Address Applied For Not Applicable 21 26 Suite, Apt #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Zip Country Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes 24 25 30 29 g, Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name VIEIRA, MARIA A 481 EAST COMMERICAL BOULEVARD 82 Street Address (P.O. Box Number is Not Acceptable) FORT LAUDERDALE FL 33334 83 84 City Zip Code 85 11. Pursuant to the provisions of Scotions 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. Floreby accept the appointment as registered agent, 1 am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE (NOTE Registered Agent signature required when reinstaling) Signature, typied or pontiso name of registers diagraph and the it apply when 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE ___ Addition Change TITLE 1.1 TITLE VIEIRA, MARIA A NAME 1.2 NAME 900002516349[.] 481 EAST COMMERICAL BOULEVARD STREET ADDRESS 1.3 STREET ADDRESS <u> -05/07/98--01133---006</u> FORT LAUDERDALE FL 33334 CRY-ST-7P 1.4 CITY - ST - ZIP ****150. ÜÜ, DELETE TITLE 2.1 TITLE NAME 22 NAME STREET ADDRESS 2.3 STREET ADDRESS 2. 4 CITY-S1-ZIP CITY DELETE Change Addition 3.1 TITLE TITLE 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE Change ... Addition TITLE 4.1 TITLE 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 44 CITY-ST-ZIP CITY-ST-ZIP DELFTE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - 21P DELETE TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS

14. Thereby 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 13 if changed or on an attachined with an address

6.4 CITY-ST-ZIP

CITY-ST-ZIE

PAROLINA MARIA DIELRA

4/14/60 (9x4) 481 4945