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

CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

FILED

Feb 03 1998 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000059043 (4)

CLICK FOOD X.PRESS, INC.

| CLICK | FOOD AIPHESS, INC. | ., | | | |
|--|---|---------------------------------|----------------|----------------------------------|--|
| Principal Place of Business Mailing Address | | | | | T TO BELLEVANT TO THE STATE OF THE POLICE OF |
| 2809 BIRD AVENUE 2809 BIRD AVENUE | | | | | |
| SUITE 124 SUITE 124 | | | | | |
| COCONUT GROVE FL 33133-4668 COCONUT GROVE FL 3313 | | | 3133-4668 | | DO NOT WRITE IN THIS SPACE |
| | | | | | 3. Date Incorporated or Qualified |
| | | | | | 07/08/1997 |
| | Place of Business | 2a. Mailing Address | | | 4. FEI Number Applied For Not Applied For Not Applied For |
| | | 26 | | | |
| Suite, Apt. #, etc. | | | | 5. Certificate of Status Desired | |
| 27 | | | | | |
| 23 28 | | — ´ | ty di Otato | | 6. Election Campaign Financing Trust Fund Contribution Added to Fees |
| Zip | Country | | Zip Country | | |
| 24 | 25 | 29 | 30 | ., | 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No |
| - | 9. Name and Address of Curren | | 1001 | | 10. Name and Address of New Registered Agent |
| 11/ | ATLIN, BRIAN | | 8 | 1 Name | |
| | 09 BIRD AVENUE | | _ | | |
| | UTE 124 | | 8: | 2 Street | Address (P.O. Box Number is Not Acceptable) |
| | DOONUT GROVE FL 33133-4668 | | 8 | 3 | |
| U | 000101 GNOTE 12 00100-4000 | | _ | | |
| | | | 8 | 4 City | FL 65 Zip Code |
| 11. Pursua: | to the provisions of Sections 607.0502 | 2 and 607.1508. Florida Statu | les, the abo | ve-named | () |
| 11. Pursua: 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 | Signature, typed or printed name of registered agen | nt and title if applicable (NO) | E Registered A | gont signature | required when reinsleting) DATE |
| 12 | OFFICERS AND | DIRECTORS | 13. | | ADDITIONS/CHANGES TO OFFICERS AND DIPECTORS IN 12 |
| TITLE | D | DELETE | 1.1 TITLE | | Ø/7 M Change □ Addition |
| NAME | MATLIN, BRIAN | | 1.2 NAME | | BRIAN MATLIN |
| STREET ADDRESS | 2809 BIRD AVENUE | | 1.3 STREE | ET ADDRESS | 2809 BIRD AVE, SUITE LY |
| CITY-ST-ZIP | COCONUT GROVE FL 33133-4 | 4668 , | 1.4 CiTY- | -SI-ZIP | BRIAN MATLIN 2809 BIRD AVR, SUITE 124 COCONUT GROVE, FRANIDA 331334 |
| TITLE | D | ▼ DELETE | 2 1 7 ITLE | | Change Addition |
| NAME | FEFFER, DAVID | , | 2.2 NAM6 | : | |
| STREET ADDRESS | 2809 BIRD AVENUE | | 2.3 STREE | ET ADDRESS | |
| CITY ST-ZIP | ODCONUT GROVE FL 33133- | 4668 | 2 4 CITY | - ST - ZiP | |
| TITLE | D | ☐ DELETE | 3 1 11TLE | | D/VP Let Change Addition |
| NAME | METZ, DEWAYNE | | 3.2 NAME | | DEWAYNE METZ 2809 BIRD AVENUE Suite 124 |
| STREET ADDRESS | 2809 BIRD AVENUE | | 3.3 STREE | et address | 2809 BIRD AVENUE SUITE 164 |
| CITY-ST-ZIP | COCONUT GROVE FL 33133- | | 3.4. CITY | -ST-ZIP | COCONTGROVE MORIDA 33/33-4668 |
| TITLE | (D | [] DELETE | 4.1 TO LE | | O/P Change Addition |
| NAME | KRISS, FRED | | 4.2 NAM | E | FRED KRISS 2809 BIND AVENUE, Suite 124 |
| Street address | 2809 BIRD AVENUE | | 4.3 STHE | E1 ADDRESS | 2809 BIND METION, SPIN 1 |
| CITY-ST-ZIP | COCONUT GROVE FL 33133-4 | | 44 CITY- | ST-ZIP | Coconut Gaure Francisca 33133-4668 |
| TITLE | | DELETE | 5.1 TITLE | | COCONUT FROM FLORIDA 33133-4668 DIRECTOR Change DAGdillon |
| NAME | | | 5.2 NAME | | |
| STREET ADDRESS | | | 5.3 STREE | ET ADDRESS | 7890 CORAL WAY |
| CITY-ST-ZIP | | | 5.4 CITY- | ST-ZIP | 7890 CORAL WAY MIAM: FLORIDA 33165 |
| TITLE | | ☐ DELETE | 6.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | | 6.2 NAME | : | |
| STREET ADDRESS | | | 6.3 STREE | T ADDRESS | |
| 0.001 00 500 | i | | a a pity | 07 70 | |

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 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 of the required 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.