

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

FILED

Apr 30 1998 8:00am
Secretary of State

| | | |
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| PROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Morham, Secretary of State DIVISION OF CORPORATIONS |
|--|---|--|

DOCUMENT # P97000090325 (6)

1. Corporation Name
LAST SUPPER, INC.

Principal Place of Business
16215 NW 15TH AVENUE
MIAMI FL 33169

Mailing Address
16215 NW 15TH AVENUE
MIAMI FL 33169



DO NOT WRITE IN THIS SPACE

| | | | | | |
|--------------------------------|---------------------|---------------------|---------------------|---|-----------------------------------|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified 10/21/1997 | |
| 21 | Suite, Apt. #, etc. | 26 | Suite, Apt. #, etc. | 4. FEI Number 65-0792704 | Applied For Not Applicable |
| 22 | City & State | 27 | City & State | 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 23 | Zip | 28 | Zip | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 24 | Country | 29 | Country | 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No | |

| | | | |
|--|--|--|--|
| 9. Name and Address of Current Registered Agent | | 10. Name and Address of New Registered Agent | |
| PERLOW, JEFFREY M C/O JEFFREY M. PERLOW & ASSOCIATES, P.A. 1820 E HALLANDALE BEACH BLVD HALLANDALE FL 33009 | | 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code | |

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 of the new agent. I am familiar with and accept the obligations of Section 7.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent, etc. (if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

| | | | |
|----------------------------|----------------------|---|-----------------------------|
| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
| TITLE | P | 1.1 TITLE | SECRETARY |
| NAME | GLIST, ALAN | 1.2 NAME | JULIAN Schlossberg |
| STREET ADDRESS | 16215 NW 15TH AVENUE | 1.3 STREET ADDRESS | 1414 AVENUE OF THE AMERICAS |
| CITY-ST-ZIP | MIAMI FL 33169 | 1.4 CITY-ST-ZIP | NEW YORK, N.Y. 10019 |
| TITLE | V | 2.1 TITLE | Treasurer |
| NAME | GLIST, KATHI | 2.2 NAME | MEYER ACKERMAN |
| STREET ADDRESS | 16215 NW 15TH AVENUE | 2.3 STREET ADDRESS | 1414 AVENUE OF THE AMERICAS |
| CITY-ST-ZIP | MIAMI FL 33169 | 2.4 CITY-ST-ZIP | NEW YORK, N.Y. 10019 |
| TITLE | | 3.1 TITLE | |
| NAME | | 3.2 NAME | |
| STREET ADDRESS | | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 3.4 CITY-ST-ZIP | |
| TITLE | | 4.1 TITLE | |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | |
| TITLE | | 5.1 TITLE | |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | | 6.1 TITLE | |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| 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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0236636

Alan M. Glist (Pres) 4/9/98 305-624-0840

CR2E034 (1097)