

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
 AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

**FILED**  
**Jul 08, 1999 8:00 am**  
**Secretary of State**

07-08-1999 90016 047 \*\*\*150.00



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

PROFIT CORPORATION ANNUAL REPORT  
**1999**

DOCUMENT # **P98000095140** ✓

1. Corporation Name  
**AVENTURA KOSHER KINGDOM INC.**



Principal Place of Business  
**115 AVENTURA BLVD.**  
**MIAMI FL 33180**

Mailing Address  
**3015 AVENTURA BLVD.**  
**MIAMI FL 33180**

DO NOT WRITE IN THIS SPACE

|                             |  |                         |  |   |  |
|-----------------------------|--|-------------------------|--|---|--|
| Principal Place of Business |  | 2a. Mailing Address     |  | 3. Date Incorporated or Qualified                                       |  |
| 115 AVENTURA BLVD.          |  | 3015 AVENTURA BLVD.     |  | 11/10/1998  |  |
| MIAMI FL 33180              |  | MIAMI FL 33180          |  | 4. FEI Number   |  |
|                             |  |                         |  | 65 0889577  |  |
| Suite, Apt. #, etc.         |  | Suite, Apt. #, etc.     |  | 5. Certificate of Status Desired  |  |
|                             |  |                         |  | <input type="checkbox"/> \$8.75 Additional Fee Required                 |  |
| City & State                |  | City & State            |  | 6. Election Campaign Financing  |  |
|                             |  |                         |  | <input type="checkbox"/> \$5.00 May Be Added to Fees                    |  |
| Trust Fund Contribution     |  | Trust Fund Contribution |  | <input type="checkbox"/>  |  |
| Zip                         |  | Zip                     |  | 8. This corporation owes the current year Intangible Personal Property. |  |
| 25                          |  | 29                      |  | <input type="checkbox"/> Yes <input type="checkbox"/> No                |  |

|   |  |  |  |   |  |  |  |
|---|--|--|--|---|--|--|--|
| 9. Name and Address of Current Registered Agent |  |  |  | 10. Name and Address of New Registered Agent          |  |  |  |
| FRIEND, RICHARD A                               |  |  |  | 81 Name   |  |  |  |
| 5975 SUNSET DRIVE PH-802                        |  |  |  | 82 Street Address (P.O. Box Number is Not Acceptable) |  |  |  |
| SOUTH MIAMI FL 33143                            |  |  |  | 83  |  |  |  |
|   |  |  |  | 84 City   |  |  |  |
|   |  |  |  | FL 85 Zip Code  |  |  |  |

I. 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 obligations of, section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

| OFFICERS AND DIRECTORS |                                 | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |
|------------------------|---------------------------------|---|---|
| DE                     | <input type="checkbox"/> DELETE | 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                   | EINHORN, MICHAEL                | 1.2 NAME  |   |
| STREET ADDRESS         | 3015 AVENTURA BLVD.             | 1.3 STREET ADDRESS                                    |   |
| CITY-STATE-ZIP         | MIAMI FL 33180                  | 1.4 CITY-STATE-ZIP                                    |   |
| DE                     | <input type="checkbox"/> DELETE | 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                   |                                 | 2.2 NAME  |   |
| STREET ADDRESS         |                                 | 2.3 STREET ADDRESS                                    |   |
| CITY-STATE-ZIP         |                                 | 2.4 CITY-STATE-ZIP                                    |   |
| DE                     | <input type="checkbox"/> DELETE | 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                   |                                 | 3.2 NAME  |   |
| STREET ADDRESS         |                                 | 3.3 STREET ADDRESS                                    |   |
| CITY-STATE-ZIP         |                                 | 3.4 CITY-STATE-ZIP                                    |   |
| DE                     | <input type="checkbox"/> DELETE | 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                   |                                 | 4.2 NAME  |   |
| STREET ADDRESS         |                                 | 4.3 STREET ADDRESS                                    |   |
| CITY-STATE-ZIP         |                                 | 4.4 CITY-STATE-ZIP                                    |   |
| DE                     | <input type="checkbox"/> DELETE | 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                   |                                 | 5.2 NAME  |   |
| STREET ADDRESS         |                                 | 5.3 STREET ADDRESS                                    |   |
| CITY-STATE-ZIP         |                                 | 5.4 CITY-STATE-ZIP                                    |   |
| DE                     | <input type="checkbox"/> DELETE | 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                   |                                 | 6.2 NAME  |   |
| STREET ADDRESS         |                                 | 6.3 STREET ADDRESS                                    |   |
| CITY-STATE-ZIP         |                                 | 6.4 CITY-STATE-ZIP                                    |   |

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: *Michael Einhorn* SIGNATURE REQUIRED 7-2-99 305 792 7988  
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (5/99)

S83461-90016-47 July 2, 1999  
P#8000095/40

To Whom it may Concern,

Please Wave the Late Fee for the  
Reason I Never Received the First Notice AND THE  
BUSSINESS OPEN IN MAY 26, WAS THE FIRST DAY WE  
OPEN UP.

Thank you

Sincerely

Melvin G. Grier

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