04221999-90230-038-$150.00-$150.00

FILE NOW. FILING FEE AFTER MAY 1ST IS $000.00

FILED
Apr 22, 1999 8:00 am
Secretary of State
04-22-1999 90230 038 ***150.00

PROFIT CORPORATION ANNUAL REPORT
1999

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

DOCUMENT # **P98000098226**

1. Corporation Name
SAFARI FOOD II CORP.

Principal Place of Business	Mailing Address
1110 BRICKELL AVE 7TH FLOOR MIAMI FL 33131	1110 BRICKELL AVE 7TH FLOOR MIAMI FL 33131

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/23/1998

4. FEI Number: 65-0878670 ☐ 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 owes the current year Intangible Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21 12801 W. SUNRISE BLVD	26 12801 W. SUNRISE BLVD
Suite, Apt. #, etc. 22 # 843	Suite, Apt. #, etc. 27 # 231
City & State 23 SUNRISE FL	City & State 28 SUNRISE FL
Zip / Country 24 33323 25 USA	Zip / Country 29 33323 30 USA

9. Name and Address of Current Registered Agent

LEVINE, ALAN W
1110 BRICKELL AVE 7TH FLOOR
MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 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 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)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PTD.	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	JONES, ROMAN		1.2 NAME		
STREET ADDRESS	1110 BRICKELL AVE 7TH FLOOR		1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33131		1.4 CITY-ST-ZIP		
TITLE	VSD	☐ DELETE	2.1 TITLE	VP	☒ Change ☐ Addition
NAME	HEMMATI, ROMAN		2.2 NAME	Hemmati Sia	
STREET ADDRESS	1110 BRICKELL AVE 7TH FLOOR		2.3 STREET ADDRESS	4140 N 35 Ave	
CITY-ST-ZIP	MIAMI FL 33131		2.4 CITY-ST-ZIP	Hollywood FL 33021	
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (11/98)

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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #