FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
Division of Corporations

APPROVED
FILED
95 MAY 23 PM 1:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S39211** **(5)**

1. Current Name
MO FOOD INC.

Principal Place of Business
1 NE FIRST STREET
MIAMI FL 33132

Mailing Address
1 NE FIRST STREET
MIAMI FL 33132

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	3a. Date of Last Report
03/12/1991	07/26/1994

4. FEI Number	Applied For / Not Applicable
65-0256738	

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

7. The corporation is organized for profit under Florida Statutes: ☒ Yes ☐ No

2. Principal Place of Business (21) (22) (23) (24) (25)

2a. Mailing Address (26) (27) (28) (29) (30)

9. Name and Address of Current Registered Agent

KASHI, HASSAN
1 NE FIRST STREET
MIAMI FL 33132

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 Section(s) 607.0505 and/or 608, 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 that position under Florida Statutes.

SIGNATURE: X

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND/OR DIRECTORS
Title	P	☐ Change ☐ Addition
Name	KASHI, HASSAN	
Street Address	13700 SW 84 AVE	
City-State-Zip	MIAMI FL 33158	
Title	S	☐ Change ☐ Addition
Name	KASHI, ZAHRA V.	
Street Address	13700 SW 84 AVE	
City-State-Zip	MIAMI FL 33158	
Title		☐ Change ☐ Addition
Name		
Street Address		
City-State-Zip		
Title		☐ Change ☐ Addition
Name		
Street Address		
City-State-Zip		
Title		☐ Change ☐ Addition
Name		
Street Address		
City-State-Zip		
Title		☐ Change ☐ Addition
Name		
Street Address		
City-State-Zip		

14. I/We hereby certify that the information supplied with this report is accurate and that each officer and director has consented to be listed as such. I/We further certify that the corporation has complied with the applicable provisions of Section 607.1622, Florida Statutes, and that its agent has complied with the applicable provisions of Section 607.0505, Florida Statutes. I/We hereby certify that I am an officer or director of the corporation or the agent of the corporation authorized to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 above, or on an attachment with an address.

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/19/95 305-374-6655
Date Daytime Phone #

0133200 CP

FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

APPROVED AND FILED

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

TALLAHASSEE, FLORIDA

DOCUMENT # **S40458** **(9)**

1. Corporation Name

CREATIVE BASKETS OF BREVARD, INC.

Principal Place of Business	Mailing Address
9008 MARLIN ST. CAPE CANAVARAL FL 32920	1950 HOLT DR. MERRITT ISLAND FL 32952

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **03/25/1991**
3a. Date of Last Report: **05/13/1994**
4. FEI Number: **59-3061736** — 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 is eligible for exemption under s. 607.0... Florida Statutes [ ] Yes [ ] No

2. Principal Place of Business: 21 ___ Suite, Apt. #, etc. 22 ___ City & State 23 ___ Zip 24 ___ Country 25 ___

2a. Mailing Address: 26 ___ Suite, Apt. #, etc. 27 ___ City & State 28 ___ Zip 29 ___ Country 30 ___

9. Name and Address of Current Registered Agent

DEROIS, KEVIN
1950 HOLT DRIVE
MERRITT ISLAND FL 32952

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	**VST**	1 TITLE [ ] Change [ ] Addition
NAME	**DEROIS, KEVIN**	1 NAME
STREET ADDRESS	**1950 HOLT DRIVE**	1 STREET ADDRESS
CITY-ST-ZIP	**MERRITT ISLAND FL**	1 CITY-ST-ZIP
TITLE	**PD**	2 TITLE [ ] Change [ ] Addition
NAME	**DEROIS, SUSAN**	2 NAME
STREET ADDRESS	**1950 HOLT DRIVE**	2 STREET ADDRESS
CITY-ST-ZIP	**MERRITT ISLAND FL**	2 CITY-ST-ZIP
TITLE		3 TITLE [ ] Change [ ] Addition
NAME		3 NAME
STREET ADDRESS		3 STREET ADDRESS
CITY-ST-ZIP		3 CITY-ST-ZIP
TITLE		4 TITLE [ ] Change [ ] Addition
NAME		4 NAME
STREET ADDRESS		4 STREET ADDRESS
CITY-ST-ZIP		4 CITY-ST-ZIP
TITLE		5 TITLE [ ] Change [ ] Addition
NAME		5 NAME
STREET ADDRESS		5 STREET ADDRESS
CITY-ST-ZIP		5 CITY-ST-ZIP
TITLE		6 TITLE [ ] Change [ ] Addition
NAME		6 NAME
STREET ADDRESS		6 STREET ADDRESS
CITY-ST-ZIP		6 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntary, furnished and does not qualify for the exemption stated in Section 119.07(1)(a), 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: Susan Derois Susan Derois 5 17 95 407 783 0446
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0070157 CP