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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # S39588

(6)

MAMA'S MEDITERRANEAN, INC.

FILED Feb 19 1996 8:00 am Secretary of State



	of Business	Mailing Address			1 1001/350 108 31/10 10/01 01/01 10/01	. 1011 01011 01011 0	
11419 W PALMETTO PK RD BOCA RATON FL 33428		11419 W PALMETTO PK RD BOCA RATON FL 33428					
					3. Date Incorporated or Qualified 03/15/1991	1	Last Report 24/1995
t. Principal Pla	ice of Business	2a. Mailing Address			4. FEI Number		Applied Fo
		26			65-0247875		Not Applic
Suite, Apt. #	t, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		\$8.75 Addition Fee Required
City & State		City & State		•	6. Election Campaign Financing		\$5.00 May Be
l	· · · · · · · · · · · · · · · · · · ·	28			Trust Fund Contribution		Added to Fees
Zigi 	Country	Z <sub>i</sub> ρ	Country	,	8. This corporation has liability for i		inder's 199.032,
	25   g. Name and Address of C	29	30			□ No	
	g, Name and Address of C	Surrent Registered Agent	81	Name	10. Name and Address A New R	egisterec Ag	ent
DEUTAD	I DALIBIANI		0.				
BEHZADI, BAHMAN			82 Street Ad		ress (P.O. Box Number is Not Acceptab	le)	
	/ Palmetto PK RD Aton Fl 33428		83	<del> </del>			
DOUA K	ATUN FL 33428						
			84	City		FL	85 Zip Code
El troncont to	a the provisions of Sections 607	7 06/02 and 607 1509 Florido Statut	on the chara		ration submits this statement for the pur		
taidiilliair Willi GNATURE	n, and accept the obligations of	f, Section 607.0505, Florida Stalutes					
	Signature, typical or printed reams of registers	ed agent and title Lappicable (NO	TE: Registered Age	nt signature require	d utten reinstation.	DATE	
					AT WITCH TORING SAFER		
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4. I On hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes, Ffurther 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 F

HINTED NAME OF SIGNING OFFICER OF SHRECTOR

Date Daytime Phone #