SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $378)

APPROVED AND FILED

95 JUL -5 AM 8:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT

1995

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

DOCUMENT # **S42088** **(2)**

1. Corporation Name

PALM FOOD & BEVERAGES INC.

Principal Place of Business	Mailing Address
103 E BOYNTON BEACH BLVD BOYNTON BEACH FL 33435-3837	103 E BOYNTON BEACH BLVD BOYNTON BEACH FL 33435-3837

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	3a. Date of Last Report
04/01/1991	04/28/1994

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

4. FEI Number: 65-0251156 ☐ Applied For ☐ Not Applicable

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

6. Restated Articles Enclosed ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
SHARFI, SYED H. 1148 CARAMBOLA CIR W PALM BEACH FL 33406	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

12. OFFICERS AND DIRECTORS		13.		
TITLE	D	11 TITLE	VICE PRESIDENT	☑ Change ☐ Addition
NAME	HOSSAIN, MOHD.	12 NAME	KHAN, WAJED A.	
STREET ADDRESS	103 E BOYNTON BCH BLVD	13 STREET ADDRESS	103 E BOYNTON BCH BLVD.	
CITY ST ZIP	BOYNTON BEACH FL	14 CITY ST ZIP	BOYNTON BCH FL 33435	
TITLE	D	21 TITLE	SECRETARY	☑ Change ☐ Addition
NAME	KHAN, ANAMUL H.	22 NAME	KHAN ANAMUL H.	
STREET ADDRESS	103 E BOYNTON BCH BLVD	23 STREET ADDRESS	103E BOYNTON BCH BLVD.	
CITY ST ZIP	BOYNTON BEACH FL	24 CITY ST ZIP	BOYNTON BCH FL 33435	
TITLE	D	31 TITLE		☐ Change ☐ Addition
NAME	ALAM, SYED S.	32 NAME		
STREET ADDRESS	103 E BOYNTON BCH BLVD	33 STREET ADDRESS		
CITY ST ZIP	BOYNTON BEACH FL	34 CITY ST ZIP		
TITLE	D	41 TITLE		☐ Change ☐ Addition
NAME	KHAN, WAJED A.	42 NAME		
STREET ADDRESS	103 E BOYNTON BCH BLVD	43 STREET ADDRESS		
CITY ST ZIP	BOYNTON BEACH FL	44 CITY ST ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY ST ZIP		54 CITY ST ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY ST ZIP		64 CITY ST ZIP		

CR2E034 (3/95)

14. I/We 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)(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: _____ 407-734-8439
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0083888 CP