FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State -1-96 B-5-10-6 1996 DOCUMENT # CHOICE CATER'S, INC. Principal Place of Business Mailing Address 16460 N.E. 16TH AVE. 16460 N.E. 16TH AVE. N. MIAMI BEACH FL 33162 N. MIAMI BEACH FL 33162 3. Date Incorporated or Qualified 3a. Date of Last Report 08/09/1991 04/05/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 65-0292513 26 Not Applicable Suite, Apt. #, etc S.iite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees Zip Zip Country Country 8. This corporation has liability for intangible tax under s. 199.032. Florida Statutes Yes No

10. Name and Address of New Registered Agent 24 25 29 30 9. Name and Address of Current Registered Agent 81 ROGOZINSKI, ISAAC 82 Street Address (P.O. Box Number is Not Acceptable) 16460 N.E. 16TH AVE. N. MIAMI BEACH FL 33162 83 84 City 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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE (NOTE: Bug seried Agent sajection responsible in residue FIATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE ☐ DELETE 1 1 T(T) F Change Add tion ROGOZINSKI, ISAAC NAME 1.2 NAME 16460 NE 16TH AVE STREET ADDRESS 1.3 STREET ADDRESS N MIAMI BCH FL 33162 CITY - ST-ZIP 1.4 CITY - ST - ZIP TITLE DELETE 2 1 HILE Change Addit on ROGOZINSKI, ARLENE NAME 2.2 NAME 16460 NE 16TH AVE STREET ADDRESS 2.3 STREET ADDRESS N MIAMI BCH FL 33162 CHTY - ST- 7IP 24 CiTY - ST - 7/P TITLE DELETE 3.1776 ☐ Change ■ Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY - ST - ZIP 3 4 CITY - ST - ZIP DELETE TIME 4 1 TILLE 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 Chance Add-tion 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY - ST - ZIP 5.4 CHY - ST - ZIP DELETE 6 1 THE Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZiP 6.4 CiTY - ST - ZIP 14. I do 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. I further certify that the information indicated on this annual report or supplemental annual report is true and assurate 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 trusted employeed to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if pranged or on an attachment with an address. JYAA C

Apportiosili

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