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
AND
FILED

95 MAY -1 AM 1:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

DOCUMENT # **S79374** **(2)**

1. Corporate Name
THE PREFERRED PALATE, INC.

Principal Place of Business
19814 SW 80TH CT
MIAMI FL 33189

Mailing Address
19814 SW 80TH CT
MIAMI FL 33189

3. Date Incorporated or Qualified: 09/09/1991
3a. Date of Last Report: 04/25/1994

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

4. FEI Number: 65-0283334 — 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 has authority to manufacture liquor under Ch. 561, Florida Statutes. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent
VALENTINE, ELAINE
19814 SW 80TH CT
MIAMI FL 33189

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 607.0505, 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: (Registered Agent Signature required if Agent is changed)

12. OFFICERS AND DIRECTORS

Title	Name	Street Address	City, State, Zip
P	VALENTINE, ELAINE	19814 SW 80TH CT	MIAMI FL
S	VALENTINE, NEVILLE	19814 SW 80TH CT	MIAMI FL

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12

1. Title ☐ Change ☐ Addition
1. Name
1. Street Address
1. City, State, Zip

2. Title ☐ Change ☐ Addition
2. Name
2. Street Address
2. City, State, Zip

3. Title ☐ Change ☐ Addition
3. Name
3. Street Address
3. City, State, Zip

4. Title ☐ Change ☐ Addition
4. Name
4. Street Address
4. City, State, Zip

5. Title ☐ Change ☐ Addition
5. Name
5. Street Address
5. City, State, Zip

6. Title ☐ Change ☐ Addition
6. Name
6. Street Address
6. City, State, Zip

14. I hereby certify that the information supplied with this filing is accurately furnished and does not qualify for the exemption stated in Section 119.07(3)(bb), Florida Statutes. Further certify that I am familiar with and the signer of the above 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 hereof or on an attached amendment with an address.

SIGNATURE: Valentine Elaine Valentine 4/29/95 (305) 252-7882
SIGNATURE AND TYPED OR PRINTED NAME OF MAKING OFFICER OR DIRECTOR — DATE — TELEPHONE NUMBER

0200287 CP