FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

FLORIDA, STATE
FLORIDA

DOCUMENT # S95008 (6)

1. Corporation Name
THE CATERING PRODUCTION COMPANY

Principal Place of Business	Mailing Address
500 NW S. RIVER DR P.O. BOX 402763 MIAMI FL 33136 US	PO BOX 402763 P.O. BOX 402763 MIAMI FL 33140-763 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/18/1991	3a. Date of Last Report: 05/01/1994
4. FEI Number: 65-0304696	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 liability for intangible tax under s. 199.032, Florida Statutes ☑ Yes ☐ No	

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)

9. Name and Address of Current Registered Agent

~~LOTSPEICH, BRADSHAW~~
~~950 SOUTH MIAMI AVENUE~~
~~MIAMI FL 33130-4121~~

10. Name and Address of New Registered Agent

81 Name: ELLEN KAPLAN
82 Street Address (P.O. Box Number is Not Acceptable): 500 NW S RIVER DR.
83
84 City: MIAMI 85 FL Zip Code: 33136

11. Pursuant to the provisions of Sections 607.0502 and 617.0502, 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 Chapter 607 or 617, Florida Statutes.

SIGNATURE [signature] 1/25/95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD	TITLE	☑ Change ☐ Addition
NAME	KAPLAN, ELLEN	NAME	
STREET ADDRESS	~~4747 COLLINS AVE #1409~~	STREET ADDRESS	1387 - 71 STREET
CITY-ST-ZIP	MIAMI BEACH FL	CITY-ST-ZIP	MIAMI BEACH, FL 33141
TITLE	PD	TITLE	☑ Change ☐ Addition
NAME	JONES, BARRY	NAME	
STREET ADDRESS	~~250 SW 19TH SRD~~	STREET ADDRESS	3781 SW 27 AVENUE
CITY-ST-ZIP	~~MIAMI FL~~	CITY-ST-ZIP	MIAMI, FL 33134
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

14. I the undersigned 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 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] 1/25/95 305 326 8481

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0420435 FP