

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR 28 PM 2:05

DOCUMENT # **S96596** (9)

1. Corporation Name
SAVONT FOODS, INC.

Principal Place of Business
**6860 N.W. 37TH CT.
MIAMI FL**

Mailing Address
**6860 N.W. 37TH CT.
MIAMI FL**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **11/26/1991** 3a. Date of Last Report **03/15/1994**

4. FEI Number **65-0301677** 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 2a. Mailing Address
21 **7570 NW 79th ST** 26 **7570 NW 79th ST**
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 **FL** 27 **FL**
City & State City & State
23 **MEDLEY FL** 28 **MEDLEY, FL**
Zip Country Zip Country
24 **33166** 25 **DADE** 29 **33166** 30 **DADE**

9. Name and Address of Current Registered Agent

**KLEIN, BRENT D.
801 BRICKELL AVE.
SUITE 1901
MIAMI FL 33131**

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 607.1508, 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

(Signature typed or printed name of registered agent and date of appointment)

(NOTE: Registered Agent signature required when transferring)

DATE

12. OFFICERS AND DIRECTORS

TITLE **P**
NAME **GUGGENHEIM, JOSE**
STREET ADDRESS **6860 N.W. 37TH COURT**
CITY, ST, ZIP **MIAMI FL**
TITLE **DS**
NAME **UNANUE, MARY**
STREET ADDRESS **6860 N.W. 37TH COURT**
CITY, ST, ZIP **MIAMI FL**
TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY, ST, ZIP
2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY, ST, ZIP
3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY, ST, ZIP
4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY, ST, ZIP
5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY, ST, ZIP
6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY, ST, ZIP

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 4.10 (C)(2)(B) Florida Statutes. I further certify that the information included 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 liquidator empowered to execute this report as required by Chapter 687, Florida Statutes, and that my name appears on Block 12 or Block 13 of this document, or on an attachment with an address.

SIGNATURE: X

(Signature typed or printed name of signing officer or director)

3/24/95

305-883-4400