

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

1 of 2

|                                                                  |                                                                                                                                                                                                      |
|------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>PROFIT CORPORATION</b><br><b>ANNUAL REPORT</b><br><b>1997</b> | <br><b>FLORIDA DEPARTMENT OF STATE</b><br><b>Sandra B. Morham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

**DOCUMENT #** V45128  
1. Corporation Name  
**QMK ENTERPRISES, INC.**  
**DIA THE PANTRY**

**FILED**  
**97 JUN -2 AM 11:36**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**

|                             |                 |
|-----------------------------|-----------------|
| Principal Place of Business | Mailing Address |
|-----------------------------|-----------------|

|                                |                     |
|--------------------------------|---------------------|
| 2. Principal Place of Business | 2a. Mailing Address |
| 21 <b>5101 COLLINS AVE</b>     | 26 <b>SAME</b>      |
| Suite, Apt. #, etc.            | Suite, Apt. #, etc. |
| 22 <b>1</b>                    | 27                  |
| City & State                   | City & State        |
| 23 <b>MIAMI BEACH, FL</b>      | 28                  |
| Zip                            | Zip                 |
| 24 <b>33140</b>                | 29                  |
| Country                        | Country             |
| 25                             | 30                  |

|                                                                                                                                                             |                                       |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|
| 3. Date Incorporated or Qualified<br><b>6.22.1992</b>                                                                                                       | 3a. Date of Last Report               |
| 4. FEI Number<br><b>65-0345217</b>                                                                                                                          | Applied For<br>Not Applicable         |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                   | <b>\$8.75</b> Additional Fee Required |
| 6. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/>                                                                          | <b>\$5.00</b> May Be Added to Fees    |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |                                       |

|                                                                                   |  |
|-----------------------------------------------------------------------------------|--|
| 9. Name and Address of Current Registered Agent                                   |  |
| <b>NARINDER KUMAR</b><br><b>5101 COLLINS AVE.</b><br><b>MIAMI BEACH, FL 33140</b> |  |

|                                                       |             |
|-------------------------------------------------------|-------------|
| 10. Name and Address of New Registered Agent          |             |
| 81 Name                                               |             |
| 82 Street Address (P.O. Box Number is Not Acceptable) |             |
| 83                                                    |             |
| 84 City                                               | 85 Zip Code |
| <b>FL</b>                                             |             |

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when "reinstating")

| 12. OFFICERS AND DIRECTORS |                                 |
|----------------------------|---------------------------------|
| TITLE                      | <input type="checkbox"/> DELETE |
| NAME                       | <b>P/O NARINDER KUMAR</b>       |
| STREET ADDRESS             | <b>5101 COLLINS AVE.</b>        |
| CITY-ST-ZIP                | <b>MIAMI BEACH, FL 33140</b>    |
| TITLE                      | <input type="checkbox"/> DELETE |
| NAME                       |                                 |
| STREET ADDRESS             |                                 |
| CITY-ST-ZIP                |                                 |
| TITLE                      | <input type="checkbox"/> DELETE |
| NAME                       |                                 |
| STREET ADDRESS             |                                 |
| CITY-ST-ZIP                |                                 |
| TITLE                      | <input type="checkbox"/> DELETE |
| NAME                       |                                 |
| STREET ADDRESS             |                                 |
| CITY-ST-ZIP                |                                 |
| TITLE                      | <input type="checkbox"/> DELETE |
| NAME                       |                                 |
| STREET ADDRESS             |                                 |
| CITY-ST-ZIP                |                                 |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |                                                                   |
|-------------------------------------------------------|-------------------------------------------------------------------|
| 1.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME                                              | <b>500002206995-4</b>                                             |
| 1.3 STREET ADDRESS                                    | <b>-06/10/97-01017-005</b>                                        |
| 1.4 CITY-ST-ZIP                                       | <b>****200.00 ****165.00</b>                                      |
| 2.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME                                              | <b>500002206995-4</b>                                             |
| 2.3 STREET ADDRESS                                    | <b>-06/10/97-01017-005</b>                                        |
| 2.4 CITY-ST-ZIP                                       | <b>****200.00 ****200.00</b>                                      |
| 3.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME                                              | <b>500002206995-4</b>                                             |
| 3.3 STREET ADDRESS                                    | <b>-06/10/97-01017-005</b>                                        |
| 3.4 CITY-ST-ZIP                                       | <b>****165.00 ****165.00</b>                                      |
| 4.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME                                              |                                                                   |
| 4.3 STREET ADDRESS                                    |                                                                   |
| 4.4 CITY-ST-ZIP                                       |                                                                   |
| 5.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME                                              |                                                                   |
| 5.3 STREET ADDRESS                                    |                                                                   |
| 5.4 CITY-ST-ZIP                                       |                                                                   |
| 6.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME                                              |                                                                   |
| 6.3 STREET ADDRESS                                    |                                                                   |
| 6.4 CITY-ST-ZIP                                       |                                                                   |

14. I do hereby certify that the information supplied with this filing 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:** Narinder Kumar President 5/8/97  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)

2062

Narinder Kumar  
President  
C.M.K. Enterprises Inc.  
5101 Collins Ave.  
Miami Beach, FL 33140  
Date: 4.16.97

Fla Deptt. of State  
Division of Corporations  
Tallahassee, FL

Dear Gentlemen:

Subject: Annual Fee for 1996

I am enclosing a check of \$200.00 for 1996 Annual Report of C.M.K. Enterprises, Inc. I filed 1995 Report asking the change of address and change of Registered Agent, but it seems that change was not put through in your system, therefore, I did not receive renewal notice and it was also slipped through our attention too.

Please update your record by making the change of address and registered agent too. I appreciate your updating this and letting me know by return mail.

Enclosing copy of 1995 Report  
showing change of address  
for your reference.

Sincerely yours,  
Narinder Kumar