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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

Principal Place of Business

DOCUMENT # V46155

(0)

Mailing Address

OAK FEED MARKET & RESTAURANT, INC.

2911 GRAND MIAMI FL 33		2911 GRAND AVE. MIAMI FL 33133-6029			
				3. Date incorporated or Qualified 06/25/1992	3a. Date of Last Report 07/25/1996
2. Principal	Place of Business	2a, Mailing Address	······································	4. FEI Number	Applied For
21		26		65-0345714	Not Applicab
Suite, Ap	ot. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & St.		City & State		Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24	Country 25		Country IO		Yes 🔲 No
9 Name and Address of Current Registered Agent  NADD LICINAN 81 Name C				10. Name and Address of New Registered Agent	
91 SL	ARD, HELMAN 100 S. DADELAND BLVD. JITE 245 AMI FL 33158		63 6	PANFOLD J. PUKI Iress (P.O. Box Number is Not Acceptable 2911 GRADS AVE	DUE
44 Purcuan	of to the province of Sections 807.050	22 and 607 1549 Blacks Statuton	84 City	limi	FL 85 33133
office of agent 1		1 // /WWX	thorized by the corpora da Statutes.	poration submits this statement for the patients board of directors. I hereby acceptables	ur pose of onlanging its registered of the appointment as registered
			Registered Agent signature requ	<del></del>	DATE
12.	·	DIRECTORS	13.	ADDITIONS/CHANGES TO OFFIC	
TITLE	D DIVEL CANEODD I	ביין הנדבונ	1,1 TITLE		Change Additio
NAME	PUKEL, SANFORD J		1.2 NAME		
STREET ADDRESS			1.3 STREET ADDRESS		
CHY-SI-ZIP	MIAMI FL	DELETE	1.4 CITY-ST-ZIP		
ł	}	L DEFEIF	2.1 TITLE		☐ Change ☐ Addition
NAME	_ {		2.2 NAME		
STREET ADDRESS	5 }		2 3 STREET ADDRESS		
CITY-ST 7/P		TTorure	2.4 CITY-ST-ZIP		
TITLE	1	DELETE	3.1 TITLE	-	Change Addition
NAME			3.2 NAME	•	
STREET ADDRESS	5		3.3 STREET ADDRESS	1	

6.4 CITY-S1-ZIP

14. I do hereby certify that the information supplied with this filling 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 of 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 reference for further 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 in the corporation of the reference in the corporation of the corporation of the reference in the corporation of the reference in the corporation of the reference in the r

3.4. CITY-ST-ZIP

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

4.4 CITY - ST - ZIP

4,1 TITLE

4. 2 NAME

5.1 TITLE

5.2 NAME

61 TITLE

6.2 NAME

DELETE

DELETE

DELETE

SIGNATURE:

CITY-SI-ZIP

CITY-S1-ZIP

STREET ADDRESS

STREET ADDRESS

CHY-S1-2IP

TITLE

NAME STREET ADDRESS

TITLE

NAME

TITLE

NAME

SIGNATURE AND TYPED OR PHINTED NAME OF SIGNING OFFICER OR DIRECTOR

97 (305)448-7595

Change

Addition

Addition

Addition

**FILED** 

May 02 1997 8:00am

Secretary of State