

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # V54270

(6)

1. Corporation Name

RSR YOGURT, INC.



Principal Place of Business

Mailing Address

1900 GLADES ROAD
SUITE 355
BOCA RATON FL 33431

1900 GLADES ROAD
SUITE 355
BOCA RATON FL 33431

2911-A N. MILITARY TRAIL
WPB FL 33409

2911-A N. MILITARY TRAIL
WPB FL 33409

2. Principal Place of Business

2a. Mailing Address

2911-A N. Military Trail
Suite, Apt. #, etc.

2911-A N. Military Trail
Suite, Apt. #, etc.

City & State

City & State

WPB FL

WPB FL

Zip

Country

33409

P.B.

Zip

Country

33409

P.B.

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SGIARRETTA & SCHNER, P.A.
1900 GLADES ROAD, SUITE 355
BOCA RATON FL 33431

81. Name

MOHAMMAD HOSSAIN

82. Street Address (P.O. Box Number is Not Acceptable)

2911-A N MILITARY TRAIL

83.

84. City

WPB

FL

85. Zip Code

33409

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

Mohammad Hossain

MOHAMMAD HOSSAIN

4/12/96

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent Signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	MOFAZZAL BEGUM	
STREET ADDRESS	1900 GLADES RD #355	
CITY-ST-ZIP	BOCA RATON FL	
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	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	MOFAZZAL BEGUM	
1.3 STREET ADDRESS	2911-A N MILITARY TRAIL	
1.4 CITY-ST-ZIP	WEST PALM BEACH FL 33409	
2.1 TITLE	PRES & DIR.	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	MOHAMMAD HOSSAIN	
2.3 STREET ADDRESS	2911-A N MILITARY TRAIL	
2.4 CITY-ST-ZIP	WPB FL 33409	
3.1 TITLE	SECY DIR.	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	WASUDA HUQ	
3.3 STREET ADDRESS	2911-A N. MILITARY TRAIL	
3.4 CITY-ST-ZIP	WPB FL 33409	
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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

Mohammad Hossain

MOHAMMAD HOSSAIN

407 471-5377

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone

CR2E034 (12/95)