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 # **V61154** **(3)**

1. Corporation Name
RAS ELTARIK FOODS, INC.

Principal Place of Business
18350 NW 47TH AVE
MIAMI FL 33055

Mailing Address
18350 NW 47TH AVE
MIAMI FL 33055

3. Date Incorporated or Qualified: **09/01/1992**
3a. Date of Last Report: **04/25/1995**

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

4. FEI Number: **65-0353257** ☐ 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

9. Name and Address of Current Registered Agent
WHITNEY, WILFRED M.
201 W FLAGLER ST
MIAMI FL 33130

10. Name and Address of New Registered Agent
81 Name: MOHAMAD ARSHAD
82 Street Address (P.O. Box Number is Not Acceptable): 18350 NW 47 AVE
83
84 City: MIAMI FL 85 Zip Code: 33055

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 ARSHAD — PRESIDENT — 6-11-96
Signature, typed or printed name of registered agent, if a corporation, if applicable — (NOTE: Registered Agent Signature required when resigning) — DATE

12. OFFICERS AND DIRECTORS

TITLE	DP	☒ DELETE
NAME	MARINI, ZAKRIA	
STREET ADDRESS	18350 NW 47TH AVE	
CITY-ST-ZIP	MIAMI FL	
TITLE	DVST	☒ DELETE
NAME	WAHDAN, ABDELRAHMAN A	
STREET ADDRESS	18350 NW 47TH AVE	
CITY-ST-ZIP	MIAMI FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DP	☐ Change ☒ Addition
1.2 NAME	MOHAMAD ARSHAD	
1.3 STREET ADDRESS	18350 NW 47th AVE.	
1.4 CITY-ST-ZIP	MIAMI FL 33055	
2.1 TITLE	VP	☐ Change ☒ Addition
2.2 NAME	NADEEM AHMED SIDDIQUI	
2.3 STREET ADDRESS	18350 NW 47th AVE.	
2.4 CITY-ST-ZIP	MIAMI FL 33055	
3.1 TITLE	STP	☐ Change ☒ Addition
3.2 NAME	AFTAB ALAM RAHMANI	
3.3 STREET ADDRESS	18350 NW 47th AVE.	
3.4 CITY-ST-ZIP	MIAMI FL 33055	
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 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 ARSHAD — PRESIDENT — 6-11-96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)