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

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARAMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V61154

(3)

Mailing Address

18350 NW 47TH AVE

RAS ELTARIK FOODS, INC.

Principal Place of Business

18350 NW 47TH AVE

FILED
Apr 29 1997 8:00am
Secretary of State

|--|--|

MIAMI FL 3305	55	MIAMI FL 33055-2934				
					3. Date Incorporated or Qualified 09/01/1992	3a. Date of Last Report 07/02/1996
	Place of Business	2s. Mailing Address	.,		4. FEI Number	Applied For
Suite, Apt.	# ata	Suite, Apt. #, etc.			65-0353257	Not Applicabl
22		27			5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Stat		City & State			Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24	Country 25	Ζιρ [ <b>29</b> ]	Countr 30	· y	8. This corporation has liability for in Florida Statutes	ntangible tax under s. 199.032, Yes D No
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Reg	gistered Agent
ARS	HAD, MOHAMAD		8	Namo		
1835	50 NW 47 AVENUE		8:	2 Street Add	fress (P.O. Box Number is Not Acceptab	(n)
MIAI	MI FL 33055					
			8:	3		
			84	1 City		85 Zip Code
44 D	to the new close of October 2007 or oc			1		FL 85 Zip Code
office or r agent I a	registered agent, or both, in the State of the financial matter of the first the obligation of the region of the first the obligation of the first the obligation of the first the obligation of the first the	and 607, 1508, Florida Stato If Florida: Such change was ions of, Section 607,0505, F	ites, the abor authorized b lorida Statute	ve-named cor by the corpora bs.	poration submits this statement for the pration's board of directors. I hereby accep	urpose of changing its registered If the appointment as registered
SIGNATURE	Signature, typed or punted name of registered agent	and the dapp leable (NO	It Begistered A	şent tişnəlirir req.	rred when reinstating)	DAIL
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTORS IN 12
TITLE	DP	☐ DELETE	1111111			Change Addition
NAME	ARSHAD, MIHAMAD		1.2 NAME			
STREET ADDRESS	18350 NW 47TH AVENUE		1.3 STREE	LADDRESS		
CITY-ST-ZIP	MIAMI FL		14 CHY-	\$1 - ZiP		
TITLE	VD	☐ DETETE	211016			☐ Change ☐ Addition
NAME	LSIDDIQUI, NADEEM AHMED 18350 NW 47TH AVENUE		2.2 NAME			
STREET ADDRESS	MIAMI FL			LADDRESS		
CITY-ST-ZIP TITLE	STD	DELETE	2 4 CHY 3 1 FILE	SI-ZIP		Change Addition
NAME	RAHMANI, AFTAB ALAM	octob	3.2 NAME			L Southly L. Mullion
STREET ADDRESS	18350 NW 47TH AVE			1 ADDRESS		
CITY-ST-ZIP	MIAMI FL		3.4. CITY			
TITLE		DELETE	4.1 TITLE	<u> </u>		Change Addition
NAME			4.2 NAM	:		• •••
STREET ADDRESS			4.3 STREE	1 ADDRESS		
CITY-ST-ZIP			4.4 CHY-	S1- ZIP		
TITLE		DELETE	5.1 TrillE			Change Addition
NAME			5.2 NAME			
STREET ADDRESS			5 3 STREE	LADDRESS.		
CITY-ST-ZIP			5.4 CITY	ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE	+		Change Addition
NAME			6.2 NAME			
STREET ADORESS				T ADDRESS		
CITY-ST-7IP			SACITY.	\$1.7IP		

14. 1 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 supplied entital annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that a man 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.

OIONIATURE.

4-1-97- (205) 621-8161