

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

**FILED**  
**May 22 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # V61154 (3)**  
 1. Corporation Name  
**RAS ELTARIK FOODS, INC.**



Principal Place of Business <b>18350 NW 47TH AVE MIAMI FL 33055</b>	Mailing Address <b>18350 NW 47TH AVE MIAMI FL 33055</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>09/01/1992</b>	
21 Suite, Apt. #, etc	22 City & State	23 Zip	24 Country	25	26
21		2a		4. FEI Number <b>65-0353257</b>	
22		27		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
23		28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
24		29		30	
25		31		32	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>ARSHAD, MOHAMAD</b> <b>18350 NW 47 AVENUE</b> <b>MIAMI FL 33055</b>				81 Name	<b>ZAKI AHMED</b>		
				82 Street Address (P.O. Box Number is Not Acceptable)	<b>18350 - NW - 47th Ave</b>		
				83			
				84 City	<b>Miami</b>	85 State	<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 **Zaki AHMED** DATE **5-18-98**

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	DP	<input type="checkbox"/> DELETE		1.1 TITLE	DP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	ARSHAD, MIHAMAD			1.2 NAME	ZAKI AHMED		
STREET ADDRESS	18350 NW 47TH AVENUE			1.3 STREET ADDRESS	18350 - NW - 47th Ave		
CITY - ST - ZIP	MIAMI FL			1.4 CITY - ST - ZIP	MIAMI - Fla. 33055		
TITLE	VD	<input type="checkbox"/> DELETE		2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LSIDDIQUI, NADEEM AHMED			2.2 NAME			
STREET ADDRESS	18350 NW 47TH AVENUE			2.3 STREET ADDRESS			
CITY - ST - ZIP	MIAMI FL			2.4 CITY - ST - ZIP			
TITLE	STD	<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	RAHMANI, AFTAB ALAM			3.2 NAME			
STREET ADDRESS	18350 NW 47TH AVE			3.3 STREET ADDRESS			
CITY - ST - ZIP	MIAMI FL			3.4 CITY - ST - ZIP			
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY - ST - ZIP				4.4 CITY - ST - ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY - ST - ZIP				5.4 CITY - ST - ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY - ST - ZIP				6.4 CITY - ST - ZIP			

14. I 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: *[Signature]* DATE: **4-15-98** **15-621-ABC1**

CR2E034 (10/97)