

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
95 FEB 14 PM 11:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **V62562** (6)
1. Corporation Name
ECO-CUISINE, INC.

Principal Place of Business Mailing Address
2300 DIANA DR., SUITE 403 HALLANDALE FL 33009-4843 **125 PLEASANT ST., SUITE 611 BROOKLINE MA 02146**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **09/08/1992** 3a. Date of Last Report **04/18/1994**
4. FEI Number **65-0365836** 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

2. Principal Place of Business 2a. Mailing Address
21 **125 PLEASANT ST.** 26
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 **SUITE # 611** 27
City & State City & State
23 **BROOKLINE, MA** 28
Zip Country Zip Country
24 **02146** 25 **U.S.A.** 29

9. Name and Address of Current Registered Agent
**PICCHI, BLAISE P.A.
1326 S.E. 3RD AVENUE
FT. LAUDERDALE FL 33316**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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 _____ DATE _____
(Signature typed or printed in block letters of registered agent and title if applicable) (Date Registered Agent Signature Required After Incorporation) DATE

12. OFFICERS AND DIRECTORS	
TITLE	PD
NAME	PICKARSKI, RONALD A.
STREET ADDRESS	2300 DIANA DR., SUITE 403
CITY- ST- ZIP	HALLANDALE FL 33009
TITLE	VS
NAME	LOVING, NANCY K
STREET ADDRESS	2300 DIANA DR., SUITE 403
CITY- ST- ZIP	HALLANDALE FL 33009
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	125 PLEASANT ST., SUITE 611
14 CITY- ST- ZIP	BROOKLINE, MA 02146
21 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	125 PLEASANT ST., SUITE 611
24 CITY- ST- ZIP	BROOKLINE, MA 02146
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY- ST- ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY- ST- ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY- ST- ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 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 110.07(3)(a), 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: Ronald A. Pickarski **RONALD A. PICKARSKI** 2-7-95 617-738-4363
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (Day/Month/Year)