

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

FILED
Apr 09 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998
 FLORIDA DEPARTMENT OF STATE
 Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS



DOCUMENT # P97000096513
 1. Corporation Name

Katz Deli, Inc.

Principal Place of Business Mailing Address

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/12/97

21. Principal Place of Business 2494 NW 186th Av Suite, Apt. #, etc.	22. City & State Pembroke Pines, FL	23. Zip 33029	24. Country USA	25. Mailing Address 2494 NW 186th Av Suite, Apt. #, etc.	26. City & State Pembroke Pines, FL	27. Zip 33029	28. Country USA	4. FEI Number 65-0794436	Applied For Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Haim Haibi
 2494 NW 186th Av.
 Pembroke Pines, FL
 33029

81 Name	82 Street Address (P.O. Box Number is Not Acceptable)	83	84 City	85 Zip Code
			FL	

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	D, V, P S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		1.2 NAME	Haim Haibi
STREET ADDRESS		1.3 STREET ADDRESS	2494 NW 186th Av.
CITY-ST-ZIP		1.4 CITY-ST-ZIP	Pembroke Pines, FL 33029
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	D, P <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	Ron Haibi
STREET ADDRESS		2.3 STREET ADDRESS	2494 NW 186
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Pembroke Pines, FL 33029
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	D, T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	Avi Haibi
STREET ADDRESS		3.3 STREET ADDRESS	2494 NW 186th Av.
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Pembroke Pines, FL
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	500002484725 <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	-04/10/98--01007--034
STREET ADDRESS		5.3 STREET ADDRESS	***150.00
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.

CR2E034 (10/97)

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