

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

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95 MAY -1 AM 3:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



CORPORATION
ANNUAL REPORT
1995

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

DOCUMENT # **F08468** (1)

CALIFORNIA SMOOTHIE INTERNATIONAL, INC.

Principal Place of Business: 1700 RT 23 SUITE 120 WAYNE, NJ 07470
Mailing Address: 1700 RT 23 SUITE 120 WAYNE, NJ 07470

DO NOT WRITE IN THIS SPACE

3. Date incorporated or qualified: 12/18/1985
3a. Date of Last Report: 06/22/1994

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26	22-2209545	Not Applicable
State Apt # etc	State Apt # etc	5. Certificate of Status Desired	\$8.75 Additional Fee Required
22	27	<input type="checkbox"/>	
City & State	City & State	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
23	28	<input type="checkbox"/>	
Zip	Zip	7. This corporation has liability for intangible tax under S. 199(3)(3) Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
24	25	29	30

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

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

11. Pursuant to the provisions of Sections 607 (2)(d) and 607 (2)(g), Florida Statutes, the above named corporation submits the statement for the purpose of changing its registered office or registered agent of 1995 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 (2)(g), Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
OFFICER	PTD PINELES, RICHARD 1700 RT 23 SUITE 120 WAYNE, NJ	1. OFFICER	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2. NAME	
STREET ADDRESS		3. STREET ADDRESS	
CITY, STATE, ZIP		4. CITY, STATE, ZIP	
OFFICER	VSD PINELES, JACOB 1700 RT 23 SUITE 120 WAYNE, NJ	5. OFFICER	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6. NAME	
STREET ADDRESS		7. STREET ADDRESS	
CITY, STATE, ZIP		8. CITY, STATE, ZIP	
OFFICER	D MENDELSON, KAREN 1700 RT 23 SUITE 120 WAYNE, NJ	9. OFFICER	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		10. NAME	
STREET ADDRESS		11. STREET ADDRESS	
CITY, STATE, ZIP		12. CITY, STATE, ZIP	
OFFICER		13. OFFICER	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		14. NAME	
STREET ADDRESS		15. STREET ADDRESS	
CITY, STATE, ZIP		16. CITY, STATE, ZIP	
OFFICER		17. OFFICER	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		18. NAME	
STREET ADDRESS		19. STREET ADDRESS	
CITY, STATE, ZIP		20. CITY, STATE, ZIP	

14. I, the undersigned, certify that the information supplied with this filing is true and correct and that my signature shall have the same legal effect as if made under oath. That this information is true and correct and that my signature shall have the same legal effect as if made under oath appears in Block 12 or Block 13 of this filing.

SIGNATURE: *Richard Pineles*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Richard Pineles, President

4/24/95 (201) 696-7200