

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

**FILED**

**Feb 25 1997 8:00am  
Secretary of State**

**PROFIT CORPORATION  
ANNUAL REPORT  
1997**



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

**DOCUMENT # H57977 (1)**

**1. Corporation Name  
A.I.S. INTERNATIONAL FOOD PRODUCTS CORP.**



**Principal Place of Business Mailing Address  
19495 BISCAYNE BLVD 19495 BISCAYNE BLVD.  
SUITE 302 SUITE 302  
NORTH MIAMI BEACH FL 33180 NORTH MIAMI BEACH FL 33180-2319**

**3. Date Incorporated or Qualified 05/15/1985 3a. Date of Last Report 05/14/1996**

<b>2. Principal Place of Business</b>	<b>2a. Mailing Address</b>	<b>4. FEI Number</b> 59-2553147	<b>Applied For</b> Not Applicable
<b>21</b> Suite, Apt. #, etc.	<b>26</b> Suite, Apt. #, etc.	<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
<b>22</b> City & State	<b>27</b> City & State	<b>6. Election Campaign Financing Trust Fund Contribution</b> <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
<b>23</b> Zip	<b>28</b> Zip	<b>8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>24</b> Country	<b>29</b> Country		

<b>9. Name and Address of Current Registered Agent</b> GALSKY, ALBERTO 19495 BISCAYNE BLVD. SUITE 302 NORTH MIAMI BEACH FL 33180	<b>10. Name and Address of New Registered Agent</b>
<b>81</b> Name	
<b>82</b> Street Address (P.O. Box Number is Not Acceptable)	
<b>83</b>	
<b>84</b> City	<b>85</b> Zip Code

**11. Pursuant to the provisions of Sections 607.0503 and 607.1506, 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 607.1506, Florida Statutes.**

**SIGNATURE** *Albert Galsky* **DATE** 2/13/97  
Signature typed or printed name of registered agent and, if applicable, (NOTE: Registered Agent signature required when reinstating)

<b>12. OFFICERS AND DIRECTORS</b>		<b>13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12</b>	
<b>TITLE</b>	<b>PD</b>	<b>1.1 TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	<b>GALSKY, ALBERTO</b>	<b>1.2 NAME</b>	
<b>STREET ADDRESS</b>	<b>19495 BISCAYNE BLVD., #302</b>	<b>1.3 STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	<b>NORTH MIAMI BEACH FL 33180</b>	<b>1.4 CITY-ST-ZIP</b>	
<input type="checkbox"/> DELETE		<b>2.1 TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b>	<b>SD</b>	<b>2.2 NAME</b>	
<b>NAME</b>	<b>GALSKY, SALOMON</b>	<b>2.3 STREET ADDRESS</b>	
<b>STREET ADDRESS</b>	<b>19495 BISCAYNE BLVD., #302</b>	<b>2.4 CITY-ST-ZIP</b>	
<b>CITY-ST-ZIP</b>	<b>NORTH MIAMI BEACH FL 33180</b>	<b>3.1 TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<input type="checkbox"/> DELETE		<b>3.2 NAME</b>	
<b>TITLE</b>	<b>TD</b>	<b>3.3 STREET ADDRESS</b>	
<b>NAME</b>	<b>GALSKY, ISAAC</b>	<b>3.4 CITY-ST-ZIP</b>	
<b>STREET ADDRESS</b>	<b>19495 BISCAYNE BLVD., #302</b>	<b>4.1 TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>CITY-ST-ZIP</b>	<b>NORTH MIAMI BEACH FL 33180</b>	<b>4.2 NAME</b>	
<input type="checkbox"/> DELETE		<b>4.3 STREET ADDRESS</b>	
<b>TITLE</b>		<b>4.4 CITY-ST-ZIP</b>	
<b>NAME</b>		<b>5.1 TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>STREET ADDRESS</b>		<b>5.2 NAME</b>	
<b>CITY-ST-ZIP</b>		<b>5.3 STREET ADDRESS</b>	
<input type="checkbox"/> DELETE		<b>5.4 CITY-ST-ZIP</b>	
<b>TITLE</b>		<b>6.1 TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		<b>6.2 NAME</b>	
<b>STREET ADDRESS</b>		<b>6.3 STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>		<b>6.4 CITY-ST-ZIP</b>	

**14. I 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 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 from an attachment with an address.**

**SIGNATURE:** *Albert Galsky* **DATE:** 02/13/97 **DAYTIME PHONE:** 305-933-8430  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)