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

PROFIL **CORPORATION** ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra,B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

DOCUMENT # P96000048359 (9)

IRA FOOD BROKERS CORP.

Principal Place of Business

Mailing Address

1428 BRICKELL AVENUE 6TH FLOOR

1428 BRICKELL AVENUE BTH FLOOR

97 APR 30 PM 1: 48

SECRETARY OF STATE TALLAHASSEE FLORIDA



MIAMI PL 33131	MIAMI-FL 53131-3411						
				3. Date Incorporated or Qualified 06/03/1996	3a. Date	e of Last Re	eport e
2. River year Place of Business 21 19 01 MYSTIC POINTE		ne	,	4, FEI Number		No	plied For t Applicable
Suite, Apr. #, etc. 107	#, etc. Suite, Apt. #, etc. 27			5. Certificate of Status Desired		\$8.75 A	
City & State PT	City & State			Election Campaign Financing Trust Fund Contribution		\$5.00 Added t	
24 33 80 25 Country	Zip 29 3	Country 10	, 		Yes 🗀	No	199.032,
g, Name and Address of Cu	rrent Registered Agent			10. Name and Address of New Reg	istered A	gent	
LITTMAN, ERIC P		81	Name				
1428 BRICKELL AVENUE 8TH FL	.00R	82	Street Ac	dress (P.O. Box Number is Not Acceptab	e)		
MIAMI FL 33131		83					
		84				85 Zip (Code
			<u> </u>		FL	<u> </u>	
 Pursuant to the provisions of Sections 607 office or registered agent, or both, in the Sagent Familiar with, and accept the common provisions. 	State of Florida. Such change was a u	thorized by	z the corpo	orporation submits this statement for the p ration's board of directors. I hereby accep	urpose of o	changing it intment as	s registered registered
SIGNATURE Stiplish are lighted by probled name of registers	of agest and Me if applicable (NOTE:	Registered Ag	ent signature re	quired when reinstaling)	DATE		
12. OFFICERS	AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC			
TIME PO	DELETE □ DELETE	1.1 TITLE		president	l	Change	Addition
NAME SCHWARTZ, IRA	/X_ /	1.2 NAME	l	GERALD COHN	De	4 110	.
STREET ADDRESS 3501 EMERALD POINT OR	WE STE 1068	1.3 STREE	ADDRESS	GERALD COHN 19101 MYSTIC POINTE	_	70	′
C-TY-ST-74P HOLLYWOOD FC 33948	~ 1	1.4 CITY -	ST-ZIP	Aventura FL 3?	180		
TIFITE V	L_] DELETE	2.1 TITL€			l	Change	Addition
NAME		2.2 NAME					
STREET ACCRESS		2.3 STREE	ADDRESS				
C(TY+S) ZIP	El poveze	2. 4 CHTY-	ST-ZIP			100000	A statistics
11716	☐ DELETE	3.1 TITLE	The Supplier . 1.0	. 2000021	Se	Change	Addition
NAME		3.2 NAME		7000021 -04/29/	9701	070(314
STREET ACORESS		3 3 STREE	No. 1	**************************************	5.00	****1	55.00
(d) - S ^T (dP	DELETE	3.4. CITY- 4.1 TITLE	SI-ZIP			Change	Addition
TITLE NO. 15	_ bitter	4. 2 NAME	-			Citango	
NAME STAGET ADORESS			ADDRESS				
CITY-ST ZIP		4.4 City-	- 1				
III ₁ F	DELETE	51 TITLE	37 211			Change	Addition
NAME		52 NAME	1				
STEFF LADDRESS			ADDRESS				
C(TY-SU 2)F		54 CiTY-					
TOTALE	☐ DELETE	61 TITLE				Change	Addition
NAME		62 NAME					
SUBJECT ADDRESS		63 STREE	T ADDRESS				
CHY St ZiF		64 CITY-	ST-ZIP				
14. I do hereby certify that the information sup	oplied with this filing does not qualify	for the ex	mption sta	ted in Section 119.07(3)(i), Florida Statute	s. 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 out I am an officer or director of the comporation 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 anged, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND THEED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daylime Phone #