

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
 AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED

Sep 30 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 # P96000099535 (2)  
 1. Corporation Name  
**LIFEFOODS, INC**



Principal Place of Business: 9591 FONTAINEBLEAU BLVD UNIT 414 MAIMI FL 33172  
 Mailing Address: 9591 FONTAINEBLEAU BLVD UNIT 414 MAIMI FL 33172

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-28) fields.

3. Date Incorporated or Qualified: 12/09/1996  
 4. FEI Number: APPLIED FOR 65-0756898  
 5. Certificate of Status Desired: \$8.75 Additional Fee Required  
 6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fee  
 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes  No

9. Name and Address of Current Registered Agent  
 PARK, JOHN J  
 9591 FONTAINEBLEAU BLVD  
 UNIT 414  
 MAIMI FL 33172

10. Name and Address of New Registered Agent (81-85)

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 retreating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P PARK, JOHN J	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PARK, JOHN J	1.2 NAME	
STREET ADDRESS	9591 FONTAINEBLEAU BLVD	1.3 STREET ADDRESS	
CITY-ST-ZIP	MAIMI FL 33172	1.4 CITY-ST-ZIP	
TITLE	ST PARK, HYOUNG O	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PARK, HYOUNG O	2.2 NAME	
STREET ADDRESS	9591 FONTAINEBLEAU BLVD	2.3 STREET ADDRESS	
CITY-ST-ZIP	MAIMI FL 33172	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		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		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		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.

SIGNATURE: *John J. Park* JOHN J PARK 8/17/98 (305) 559-0599

CR2E034 (5/98)