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PROFIT CORPORATION **ANNUAL REPORT**

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS **FILED**

May 07 1997 8:00am

Secretary of State

DOCUMENT # P96000099623 (6)

EDEN SALES CO, INC.

Principal Place of Business Mailing Address 2101 W 4 AVE 2ND FLOOR 2101 W 4 AVE 2ND FLOOR HIALEAH FL 33010 HIALEAH FL 33010-2431 3. Date Incorporated or Qualified 3a. Date of Last Report NA 12/10/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0921806 26 Not Applicable Sulte, Apt. #, etc. Suite, Apt. #. etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Ζip Country Zφ Country R. This corporation has liability for intangible tax under s. 199,032, Florida Statutes
 Yes No
 No
 Name and Address of New Registered Agent 24 25 29 30 9. Name and Address of Current Registered Agent GIRNUN, MORRIS A JOSEF SHLOMI 2101 W 4 AVE 2ND FLOOR Street Address (P.O. Box Number is Not Acceptable)
2101 W 4 AVC 200 82 HIALEAH FL 33010 83 84 City Zip Code 33010 MIA LEAH 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 4 pril 27, 1997 (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. (96/6) (6) ☐ DELE1E TITLE PYPST Change 1.1 TOLE Addition SHLOMI, YOSSEF NAME 1.2 NAME Shlomi, JOSE 2101 W 4 AVE 2ND FLOOR STREET ADDRESS 1.3 STREET ADDRESS 2101 W 4 AVE 2nd Ploor HIALEAH FL 33010 CITY-ST-7IP 1.4 CITY - \$1 - ZIP TITLE DECEME Change 2.1 TITLE Addition 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY - ST - ZIP DELETE TITLE 3.1 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4, CITY-ST-ZIP TITLE DELETÉ Change ___ Addition 4.1 TITLE NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS DITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE TITI F 5.1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CiTY - ST - ZIP DELETE TITLE 6.1 TITLE Change Addition NAME 6.2 NAME STREET ADDRESS **6.3 STREET ADDRESS**

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 or on an attachment with an address.

6.4 City - St - ZiP

ELECTIVITY IN THE

CITY-ST-ZIP