

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

FILED
Jun 03 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT #
 1. Corporation Name: *Eden Sales Co.* *996 0000 99623*

Principal Place of Business: *2101 W 4th Ave 2nd Floor Hialeah, FL 33010*
 Mailing Address: *2101 W 4th Ave Hialeah, Fla 33010*

21	2a. Principal Place of Business	26	2a. Mailing Address
	<i>2101 W 4th Ave</i>		<i>SAME</i>
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.
	<i>2nd Floor</i>		
23	City & State	28	City & State
	<i>Hialeah, Fla</i>		
24	Zip	29	Zip
	<i>33010</i>		
25	Country	30	Country
	<i>USA</i>		

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	<i>12-10-96</i>
4. FEI Number	<i>65-0721806</i>
Applied For	<input type="checkbox"/> Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent
Josef Shlomi
2101 W. 4th Ave
Hialeah, Fla 33010

10. Name and Address of New Registered Agent

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

11. Pursuant to the provisions of Sections 607.002 and 607.1308, 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 the nature and the obligations of Section 607.005, Florida Statutes.

SIGNATURE: *[Signature]* DATE: *5-21-98*

12. OFFICERS AND DIRECTORS

TITLE	<i>Josef Shlomi</i>	<input type="checkbox"/> DELETE
NAME	<i>PVPS</i>	
STREET ADDRESS	<i>2101 W 4th Ave</i>	
CITY-ST-ZIP	<i>Hialeah, Fla 33010</i>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

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*****158.00**

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 of changed or new information with an address.

SIGNATURE: *[Signature]* DATE: *5-21-98* FILING NUMBER: *954-432-9300*

CR2E034 (10/97)