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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 690911

1. Corporation Name

GOURMET FOODS INTERNATIONAL, INC.

Principal Place of Business Mailing Address								-	KIEI OIEII OI	ali alah bibil al	ON DIEN HEB!	
			PEMBROKE ROAD							•		
1007 7 2			LYWOOD FL 33021							ı	•	
								DO NOT WRITE IN THIS SPACE				
								3. Date Incorporated or Qualifed				
			A 11					06/12/1981 4. FEI Number		TAnn	lied For	
2. Principal Place of Business 2a. Mailing Address								59-2113529			Applicable	
26 Suite, Apt. #, etc. Suite, Apt. #, etc								39-2113329		\$8.75 A		
			Suite, Apr. #, Std.					5. Certificate of Status Desired		Fee Req		
City & State			City & State					6. Election Campaign Financing		\$5.00 N	May Be	
23		28	28					Trust Fund Contribution		Added to		
Zip	Country		Zip	Co	untry			8. This corporation owes the currer	it year Inta			
24	25	29	-	30				Personal Property Tax.			□No	
	9. Name and Address of Curre	nt Regis	tered Agent		-			10. Name and Address of New Re	gistered /	Agent		
ODE	CALCICLO ALAN C				81	Name						
GREENFIELD, ALAN E.					82	Street	Addre	ss (P.O. Box Number is Not Acceptab	le)			
2600 DOUGLAS ROAD					00							
SUITE 911 CORAL GABLES FL 33134					83							
COR	AL GABLES I'E 33104				84	City				85 Zip C	ode	
								ration as builto this statement for the p	FL.	changing its I	registered	
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											istered	
agent. I a	m familiar with, and accept the oblig	ations of,	Section 607.0505, Flo	rida Sta	tutes	•						
SIGNATURE		3 80 1	t	. Danielane	d 0 0 0 0	t cianatura	roquired :	when reinstating)	DATE			
12.	Signature, typed or printed name of registered ag OFFICERS A			13.	:-	it aignature	10001	ADDITIONS/CHANGES TO OFFI		D DIRECTOR	RS IN 12	
TITLE	PD		☐ DELETE	1.1 7			T			Change	Addition	
NAME	PERL, WILLIAM			1.2	IAME						ľ	
STREET ADDRESS	4859 PEMBROKE ROAD			1.3 9	TREET	ADDRESS					}	
CITY-ST-ZIP	HOLLYWOOD FL			1.4 0	CITY-S	T-ZIP						
TITLE			☐ DELETE	2.1 1			1			☐ Change	☐ Addition	
NAME.				2.21	AME						ŀ	
STREET ADDRESS				2.3 9	TREET	TADDRESS						
CITY-ST-ZIP				2.4	CITY-S	T-ZIP		<u> </u>	·	-		
TITLE			☐ DELETE	311	ITLE					☐ Change	☐ Addition	
NAME				3.21	AME							
STREET ADDRESS				3.3 5	TREE	ADDRESS					}	
CITY-ST-ZIP				3.4.	CITY-S	ST-ZIP						
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NAME				4. 2	NAME							
STREET ADDRESS				4.3 5	TREE	TADDRESS	•				1	
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TITLE			☐ DELETE		ITLE					Change	☐ Addition	
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STREET ADDRESS						ADDRESS	'}					
CITY-ST-ZIP			□ DELETE		OTY-S	1-ZIP	┼	-		☐ Change	Addition	
TITLE .			☐ DELETE		NAME		1					
NAME						T ADDDERS	.[•		• • •	1	

14. I hereby certify that the information supplied with this filing does not qualify for indicated on this annual report or supplemental annual report is true and accordificer or director of the corporation or the receiver or trustee empowered to be Block 12 or Block 13 if changed, or on an attachment with an address, with all or the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information trate and that my signature shall have the same legal effect as if made under oath; that I am an execute this report as required by Chapter 607, Florida Statutes; and that my name appears in

SIGNATURE:

CITY-ST-ZIP

Mar 05, 1999 8:00 am Secretary of State

03-05-1999 90045 021 ***150.00