

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

FILED
Mar 12 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F28288 (1)

1. Corporation Name
GRACE KENNEDY (U.S.A.) INC.



Principal Place of Business 4800 SW 152 PLACE APT H MIAMI FL 33185 US	Mailing Address POST OFFICE BOX 65-3838 #210 MIAMI FL 33265-3838 US
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2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
24. Zip	29. Zip
25. Country	30. Country

3. Date Incorporated or Qualified 04/03/1981	3a. Date of Last Report 03/12/1996
4. FEI Number 59-2373079	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 has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

FOWLER, WHITE
100 SE 2ND STREET
17TH FLOOR
MIAMI FL 33131

10. Name and Address of New Registered Agent

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83.

84. City

FL 85. Zip Code

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		
TITLE	D	<input type="checkbox"/> DELETE
NAME	ORANE, DOUGLAS	
STREET ADDRESS	64 HARBOUR ST	
CITY-ST-ZIP	KINGSTON, JAMAICA	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MCDONALD, ROBERT	
STREET ADDRESS	64 HARBOUR ST	
CITY-ST-ZIP	KINGSTON, JAMAICA	
TITLE	CD	<input checked="" type="checkbox"/> DELETE
NAME	BARNES, ANTHONY H	
STREET ADDRESS	64 HARBOUR ST.	
CITY-ST-ZIP	KINGSTON, JAMAICA	
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		
1.1 TITLE	D.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	RECKORD, DERRICK	
1.3 STREET ADDRESS	3714 BIRCHWOOD COURT	
1.4 CITY-ST-ZIP	NORTH BRUNSWICK, NEW JERSEY 08902	
2.1 TITLE	D.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	WEHBY, DONALD	
2.3 STREET ADDRESS	64 HARBOUR ST.	
2.4 CITY-ST-ZIP	KINGSTON, JAMAICA	
3.1 TITLE	P.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	MAHFOOD, JOHN	
3.3 STREET ADDRESS	64 HARBOUR ST.	
3.4 CITY-ST-ZIP	KINGSTON, JAMAICA	
4.1 TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	VAN WHERVIN, ANDREW	
4.3 STREET ADDRESS	64 HARBOUR ST.	
4.4 CITY-ST-ZIP	KINGSTON, JAMAICA	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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.

SIGNATURE: *Andrew VanWhervin* **ANDREW VANWHERVIN** **MAR 12 1997 477-1908**

CR2E034 (9/96)