

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

APPROVED AND FILED

95 MAR 21 PM 3: 35

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

**CORPORATION
ANNUAL REPORT
1995**



**FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS**

DOCUMENT # F93000004074 (1)

SCHRATTER FOODS INCORPORATED

Principal Place of Business: 72 SUMMIT AVENUE, MONTVALE NJ 07645
Mailing Address: 72 SUMMIT AVENUE, MONTVALE NJ 07645

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 09/08/1993
3a. Date of Last Report: 08/12/1994

4. FEI Number: 13-3229694
Applied For: Not Applicable

5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes: Yes No

2. Principal Place of Business		2a. Mailing Address	
21		26	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
22		27	
City & State		City & State	
23		28	
Zip	Country	Zip	Country
24	25	29	30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

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

FL

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	FD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VOSS, ALAIN J	1.2 NAME	
STREET ADDRESS	72 SUMMIT AVENUE	1.3 STREET ADDRESS	
CITY-ST-ZIP	MONTVALE NJ 07645	1.4 CITY-ST-ZIP	
TITLE	T	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOUCHAYER, STEVEN	2.2 NAME	BOUCHAYER, STEPHEN
STREET ADDRESS	236 E. 68TH STREET	2.3 STREET ADDRESS	54, AVENUE DE SEGUR
CITY-ST-ZIP	NEW YORK NY 10021	2.4 CITY-ST-ZIP	75007 PARIS, FRANCE
TITLE	S	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZIMMER, EMANUEL	3.2 NAME	
STREET ADDRESS	655 MADISON AVENUE	3.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY 10021	3.4 CITY-ST-ZIP	
TITLE	AS	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GITLIN, LEWIS	4.2 NAME	
STREET ADDRESS	910 SYLVAN AVENUE	4.3 STREET ADDRESS	
CITY-ST-ZIP	ENGLEWOOD CLIFFS NJ 07632	4.4 CITY-ST-ZIP	
TITLE	CD	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PICHOT, JULES	5.2 NAME	
STREET ADDRESS	3 RUE DE CHAILLOT	5.3 STREET ADDRESS	
CITY-ST-ZIP	75116 PARIS, FRANCE	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BONGRAIN, JEAN-NOEL	6.2 NAME	
STREET ADDRESS	8, AVENUE DE LA COURONNE	6.3 STREET ADDRESS	
CITY-ST-ZIP	1050 BRUSSELS, BELGIUM	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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. I am attaching with an address.

SIGNATURE:

ALAIN VOSS, PRESIDENT/C.E.O. 03/17/95 (201) 358-7618

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

System Phone #