

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **F93000004074 (1)**

1. Corporation Name

SCHRATTER FOODS INCORPORATED



Principal Place of Business

72 SUMMIT AVENUE
MONTVALE NJ 07645

Mailing Address

72 SUMMIT AVENUE
MONTVALE NJ 07645

3. Date Incorporated or Qualified 09/08/1993	3a. Date of Last Report 03/21/1995
4. FEI Number 13-3229694	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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business

2a. Mailing Address

21 State, Apt. #, etc.

26 State, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 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	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 607.0509, Florida Statutes.

SIGNATURE

(Signature of Registered Agent)

(Signature of Registered Agent)

(Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	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	Treasurer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BOUCHAYER, STEPHEN	2.2 NAME	David F. Daniel
STREET ADDRESS	54, AVENUE DE SEGUR	2.3 STREET ADDRESS	910 Sylvan Avenue
CITY, ST, ZIP	75007 PARIS FR	2.4 CITY, ST, ZIP	Englewood Cliffs, NJ 07632
TITLE	S	3.1 TITLE	Assistant Secretary <input checked="" 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	Secretary/General Counsel <input checked="" 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	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PICHOT, JULES	5.2 NAME	Jean-Louis Loche
STREET ADDRESS	3 RUE DE CHAILLOT	5.3 STREET ADDRESS	8 rue de l'Hotel-de-Ville
CITY, ST, ZIP	75116 PARIS, FRANCE	5.4 CITY, ST, ZIP	92522 Neuilly-Sir-Seine Cedex France
TITLE	D	6.1 TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BONGRAIN, JEAN-NOEL	6.2 NAME	Alex Bongrain
STREET ADDRESS	8, AVENUE DE LA COURONNE	6.3 STREET ADDRESS	8, Avenue de la Couronne
CITY, ST, ZIP	1050 BRUSSELS, BELGIUM	6.4 CITY, ST, ZIP	1050 Brussels, Belgium

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 119.07(3)(j), 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 from an attachment with an address.

SIGNATURE:

Alain Voss, President/C.E.O. 02/08/96

(201) 358-7618

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE AND PHONE

CR2E034 (12/95)