

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

FILED
Mar 09 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 # F93000004074 (1)
 1. Corporation Name
SCHRATTER FOODS INCORPORATED



Principal Place of Business 72 SUMMIT AVENUE MONTVALE NJ 07845	Mailing Address 72 SUMMIT AVENUE MONTVALE NJ 07845
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 149 New Dutch Lane Suite, Apt. #, etc.		2a. Mailing Address 26 149 New Dutch Lane Suite, Apt. #, etc.		3. Date Incorporated or Qualified 09/08/1993	
22 City & State 23 Fairfield, NJ		27 City & State 28 Fairfield, NJ		4. FEI Number 13-3229694 Applied For <input type="checkbox"/> Not Applicable	
24 07004 25 USA		29 07004 30 USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
9. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324		10. Name and Address of New Registered Agent		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
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.		81 Name		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

82 Street Address (P.O. Box Number is Not Acceptable)		83		84 City		85 Zip Code	
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SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	President/CEO/Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VOSS, ALAIN J	1.2 NAME	Alain J.M. Voss
STREET ADDRESS	72 SUMMIT AVENUE	1.3 STREET ADDRESS	149 New Dutch Lane
CITY-ST-ZIP	MONTVALE NJ 07845	1.4 CITY-ST-ZIP	Fairfield, NJ 07004
TITLE	T <input checked="" type="checkbox"/> DELETE	2.1 TITLE	Chairman <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DANIEL, DAVID F.	2.2 NAME	Jules Pichot
STREET ADDRESS	910 SYLVAN AVE	2.3 STREET ADDRESS	3 rue de Chaillot
CITY-ST-ZIP	ENGLEWOOD CLIFFS NJ	2.4 CITY-ST-ZIP	75116 Paris France
TITLE	AS <input checked="" type="checkbox"/> DELETE	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	3.4 CITY-ST-ZIP	
TITLE	SGC <input checked="" type="checkbox"/> DELETE	4.1 TITLE	Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GITLIN, LEWIS	4.2 NAME	Thomas M. Swartele
STREET ADDRESS	910 SYLVAN AVENUE	4.3 STREET ADDRESS	236 East 68th Street
CITY-ST-ZIP	ENGLEWOOD CLIFFS NJ	4.4 CITY-ST-ZIP	New York, NY 10021
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOCHE, JEAN-LOUIS	5.2 NAME	
STREET ADDRESS	8 RUE DE L'HOTEL-DE-VILLE,9522 NEULLY-SIR	5.3 STREET ADDRESS	
CITY-ST-ZIP	CEDEX FR	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	Treasurer/Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BONGRAIN, ALEX	6.2 NAME	Alex Bongrain
STREET ADDRESS	8, AVENUE DE LA COURONNE	6.3 STREET ADDRESS	SAME ADDRESS
CITY-ST-ZIP	1050 BRUSSELS, BELGIUM	6.4 CITY-ST-ZIP	

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 if changed, or on an attachment with an address.

SIGNATURE: _____ DATE: **3/2/98** TIME: **302/655-0780**

CR2E034 (10/97)