

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

FILED
Apr 06, 1999 8:00 am
Secretary of State

04-06-1999 90039 003 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # F93000004074

1. Corporation Name
SCHRATTER FOODS INCORPORATED



Principal Place of Business
 149 NEW DUTCH LN
 FAIRFIELD NJ 07004
 US

Mailing Address
 149 NEW DUTCH LN
 FAIRFIELD NJ 07004
 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		09/08/1993	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		13-3229694	
24 Country		29 Country		Applied For	
25		30		Not Applicable	
5. Certificate of Status Desired		6. Election Campaign Financing		8. This corporation owes the current year Intangible Personal Property Tax.	
<input type="checkbox"/>		<input type="checkbox"/>		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
\$8.75 Additional Fee Required		\$5.00 May Be Added to Fees			

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			

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PCEO	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	VOSS, ALAIN J		1.2 NAME		
STREET ADDRESS	149 NEW DUTCH LN		1.3 STREET ADDRESS		
CITY-ST-ZIP	FAIRFIELD NJ 07004		1.4 CITY-ST-ZIP		
TITLE	C	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	JULES PICHOT		2.2 NAME		
STREET ADDRESS	3 RUE DE CHAILLOT		2.3 STREET ADDRESS		
CITY-ST-ZIP	PARIS FR 75116		2.4 CITY-ST-ZIP		
TITLE	S-	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	THOMAS M SWARTELE		3.2 NAME		
STREET ADDRESS	236 E 68TH ST		3.3 STREET ADDRESS		
CITY-ST-ZIP	NEW YORK NY 10021		3.4 CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ALEX BONGRAIN		4.2 NAME		
STREET ADDRESS	8 AVENUE DE LA COURONNE		4.3 STREET ADDRESS		
CITY-ST-ZIP	1050 BRUSSELS BE		4.4 CITY-ST-ZIP		
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 NEUILLY-SIR		5.3 STREET ADDRESS		
CITY-ST-ZIP	CEDEX FR		5.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED (ALAIN J VOSS) 3/19/99 (973) 575-9120

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)