

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

FILED  
Mar 22, 1999 8:00 am  
Secretary of State

03-22-1999 90103 041 \*\*\*150.00

DOCUMENT # F96000005718

1. Corporation Name

IPFO INTERNATIONAL PACKAGING PROCESSING FOOD MAC  
HINERY FACTORY DIRECT OUTLET INC.

Principal Place of Business

RR 11599 PLAINFIELD  
ONTARIO KOK -2VO

Mailing Address

RR 11599 PLAINFIELD  
ONTARIO KOK -2VO

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/04/1996

4. FEI Number

65-0765232

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing ☐

\$5.00 May Be  
Added to Fees

Trust Fund Contribution

8. This corporation owes the current year intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 RR 11599 PLAINFIELD

2a. Mailing Address

26 RR 11599

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 PLAINFIELD ONTARIO

City & State

27 PLAINFIELD ONTARIO

Zip

24 KOK 2VO

Country

25 CANADA

Zip

29 KOK 2VO

Country

30 CANADA

9. Name and Address of Current Registered Agent

BERT & ASSOCIATES  
1860 N PINE ISLAND RD, STE 109  
PLANTATION FL 33322

10. Name and Address of New Registered Agent

81 Name

The same

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	VP	<input type="checkbox"/> DELETE
NAME	FABRICIUS, KARL	
STREET ADDRESS	6241 SW 5TH PLACE	RR 11599 PLAINFIELD
CITY-ST-ZIP	PLANTATION FL 33317-9909	ONTARIO KOK 2VO CANADA
TITLE	P	<input type="checkbox"/> DELETE
NAME	FABRICUS, NICOLE	RR 11599 PLAINFIELD
STREET ADDRESS	6241 SW 5TH PLACE	ONTARIO KOK 2VO
CITY-ST-ZIP	PLANTATION FL 33317-9909	CANADA
TITLE	Director	<input type="checkbox"/> DELETE
NAME	Robert Hoytink	
STREET ADDRESS	275 FOUNTAIN BLUE BLVD.	
CITY-ST-ZIP	SUITE 247 MIAMI FL 33172	
TITLE	Wieland CARSTEN Director	<input type="checkbox"/> DELETE
NAME	27 Loewentaler Str.	
STREET ADDRESS	88046 FRIEDRICHSHAFEN	
CITY-ST-ZIP	Germany	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10th March 1999

Date 613 477 2251 Daytime Phone #