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PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # H43746

INTERNATIONAL FOOD & BEVERAGE, INC.

(7)

Mailing Address

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FILED

May 14 1997 8:00am

Secretary of State

| 8365 N. FEDERAL HWY FT. LAUDERDALE FL 33306 | | | | 3365 N. FEDERAL HWY FT. LAUDERDALE FL 33306-1053 | | | | | | | | | | | | | |
|--|---------------------|--|--------------|---|------------|---------------------|-------|----------------|--------------|--------------------------------|---------------|------------|----------|--|--------|---------|---------------------|
| | | | | | | | | 3 | | | | | | 1a. Date of Last Report 08/09/1996 | | | |
| 2. Principal P | lace of Businer | SS | <u>├</u> | Mailing Add | Iress | | | | 4. | FEI Numi | | | | | | | plied For |
| Suite, Apt. | # etc | | 26 | Suite, Apt. | V olo | | | | | 59-25 | 36292 | | | | | | t Applicable |
| 22 | | | 27 | · | | | | . _ | 5. | Certificat | e of Stat | us Desire | ed | | | | dditional quired |
| Suite, Apt. 22 City & State 23 | e | | 28 | City & State | ! | | | | 6. | . Election (Trust Fun | | | ing | | | | May Be o Fees |
| Zip 24 | 28 | Country | 29 | Zip | | Coun | itry | | 8. | . This corp | | nas liabil | | langible Yes [| | der s. | 199.032, |
| | | nd Address of Curre | | stered Agent | | 1901 | | | 10 | , Name an | | ess of N | | | | | |
| LIRC | OT, LUKE CH | | <u> </u> | | | | 81 | Name | | | | | | | -80 | | |
| | EAST STREE | | | | | ١. | 32 | | | | | | | | | | <u>-</u> |
| SUN | TE B | -, | | | | | 2 | Street | address (| P.O. Box N | umber is | Not Acc | ceptable | ?} | | | |
| TAM | IPA FL 33802 | 2 | | | | 1 | 33 | | | | | | | | | | |
| | | | | | | 1 | 34 | City | | | | | | FL | 85 | Zip (| Code |
| 11. Pursuant | to the provision | ns of Sections 607.05 | 02 and € | 07.1508. Flor | ida Statut | les the abo | | -named | corporation | on submits | this state | ement fo | r the nu | roose of | chang | ino itr | rogietorod |
| office or re | egistered ager | ns of Sections 607.05 it, or both, in the Stal and accept the obli | e of Flori | da. Such cha | nge was | authorized | by | the corp | oration's | board of di | rectors. | I hereby | accept | the appo | ointme | nt as | registered |
| SIGNATURE | m rearrance man | and decopt the opin | ganons | 1, 000,000,000 | .0000, 1 6 | onda olalo | 103 | • | | | | | | | | | |
| | Signature, typed or | printed name of registered a | | | (NOI | F Registered | Арен | il signature | required who | en re-nstating) | | | | OA1E. | | | |
| 12. | | OFFICERS A | ND DIRE | | | 13. | | | | ADDITION | S/CHAN | GES TO | OFFICE | RS AND | DIREC | TOR | S IN 12 |
| TITLE | PST | | | Κıι | ELETE | 1.1 100 | | i | P/S | | | | | | ☐ Cha | inge | X Addition |
| NAME | DEARING, | DERAL HWY | | ` | | 1.2 NAN | | | Churc | h, Lav | renc | е | | | | | |
| STREET ADDRESS | | RDALE FL 33306 | | | | | | - 1 | 3300 F+ I | N. Fed audero | ierai Isto | HWY | 3330 | 16 | | | |
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| NAME | DEARING, | HIIGH | | 36, | all'iL | 2.1 IIIL 2.2 NAN | | | | | | | | | Cha | nge | ☐ Addition |
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| NAME | | | | _ | | 3.2 NAM | | | | | | | | ' | | 90 | |
| STREET ADDRESS | | | | | | | | ADDRESS | | | | | | | | | |
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| STREET ADDRESS | | | | | | 4.3 STRE | EET # | ADDRESS | | | | | | | | | |
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| NAME | | | | | | 5.2 NAM | 1E | } | | | | | | | | | |
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| NAME | | | | | | 62 NAM | | | | | | | | | | | |
| STREET ADDRESS | | | | | | 63 S18 | ET # | ADDRESS | | | | | | | | | |

I do 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 caport 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 conformation or the receiver or prostile empowered to execute this report as required by Chapter 607, Florida Statutes; and that my mame appears in Block 12 or Block 12 if changed, or on an attachment with an address.