

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
 AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED

Oct 08 1998 8:00am
 Secretary of State

PROFIT CORPORATION
 ANNUAL REPORT
 1998



FLORIDA DEPARTMENT OF STATE
 Sandra H. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # K14273

(2)

1. Corporation Name: INTERNATIONAL TASTY FOODS CORP.

Principal Place of Business:

14362 N DALEMABRY HWY
 TAMPA FL 33618

Mailing Address:

14362 N DALEMABRY HWY
 TAMPA FL 33618

2. Principal Place of Business:

2a. Mailing Address:

21: Subj. Appl., etc.
 22: City & State
 23: Zip County
 24: Zip County

26: State, Apt #, etc.
 27: City & State
 28: Zip County
 29: Zip County 30

9. Name and Address of Current Registered Agent

CHULIKAVIT, NARONG
 14362 N DALE MABRY
 TAMPA FL 33618

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 Statute, 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 Statute.

SIGNATURE

(OFFICER, DIRECTOR, EXECUTIVE OFFICER, OR REGISTERED AGENT)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

101F	PD	<input type="checkbox"/>	<input type="checkbox"/>
NAME	CHAVAKUL, PATCHTREE		
STREET ADDRESS	16217 FANTASIA DR		
CITY/STATE/ZIP	TAMPA FL		
101F	VDC	<input checked="" type="checkbox"/>	<input type="checkbox"/>
NAME	CHULIKAVIT, CHURDCHAI		
STREET ADDRESS	16217 FANTASIA DR		
CITY/STATE/ZIP	TAMPA FL		
101F	S	<input type="checkbox"/>	<input type="checkbox"/>
NAME	CHULIKAVIT, NARONG		
STREET ADDRESS	14922 GENTILLY PL		
CITY/STATE/ZIP	TAMPA FL		
101F	TD	<input checked="" type="checkbox"/>	<input type="checkbox"/>
NAME	CHULIKAVIT, YUWADEE		
STREET ADDRESS	16217 FANTASIA DR		
CITY/STATE/ZIP	TAMPA FL		
101F	D	<input type="checkbox"/>	<input type="checkbox"/>
NAME	SINUDOM, THANES		
STREET ADDRESS	5211 CENTRAL AVE		
CITY/STATE/ZIP	TAMPA FL		
101F		<input type="checkbox"/>	<input type="checkbox"/>
NAME			
STREET ADDRESS			
CITY/STATE/ZIP			

1101F	<input type="checkbox"/>	Change	<input type="checkbox"/>	Addition
12 NAME				
13 STREET ADDRESS				
14 CITY/STATE/ZIP				
21 TITLE	<input type="checkbox"/>	Change	<input type="checkbox"/>	Addition
22 NAME				
23 STREET ADDRESS				
24 CITY/STATE/ZIP				
31 TITLE	<input type="checkbox"/>	Change	<input type="checkbox"/>	Addition
32 NAME				
33 STREET ADDRESS				
34 CITY/STATE/ZIP				
41 TITLE	<input type="checkbox"/>	Change	<input type="checkbox"/>	Addition
42 NAME				
43 STREET ADDRESS				
44 CITY/STATE/ZIP				
51 TITLE	<input type="checkbox"/>	Change	<input type="checkbox"/>	Addition
52 NAME				
53 STREET ADDRESS				
54 CITY/STATE/ZIP				
61 TITLE	<input type="checkbox"/>	Change	<input type="checkbox"/>	Addition
62 NAME				
63 STREET ADDRESS				
64 CITY/STATE/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 Statute. 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 Statute; and that my name appears in Block 12 or Block 13 if changed, or in my afterthought with an addition.

SIGNATURE: Narong Chulikavit, Sec 9/30/98 (813)960-2009

CR2E034 (5/98)