

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



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/05/1988

4. FLE Number

NOT APPLICABLE

Applied For
 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Election Campaign Financing
 Trust Fund Contribution

\$5.00 May Be
 Added to Fees

8. This corporation owes or has paid the current year Intangible
 Personal Property Tax due June 30.

Yes No

10. Name and Address of New Registered Agent

2. Principal Place of Business

21. Subj. Appl., etc.

22. City & State

23. Zip County

24. State

2a. Mailing Address

26. Subj. Appl., etc.

27. City & State

28. Zip County

29. State

30. State

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. City

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, AGENT, OR REGISTERED AGENT)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

1101	<input type="checkbox"/>	Change	<input type="checkbox"/>	Addition
1102	NAME			
1103	STREET ADDRESS			
1104	CITY/STATE/ZIP			
1105	1101	<input type="checkbox"/>	Change	<input type="checkbox"/>
1106	NAME			
1107	STREET ADDRESS			
1108	CITY/STATE/ZIP			
1109	1101	<input type="checkbox"/>	Change	<input type="checkbox"/>
1110	NAME			
1111	STREET ADDRESS			
1112	CITY/STATE/ZIP			
1113	1101	<input type="checkbox"/>	Change	<input type="checkbox"/>
1114	NAME			
1115	STREET ADDRESS			
1116	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)