

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
Apr 20, 1999 8:00 am
Secretary of State

04-20-1999 90092 043 ***150.00

DOCUMENT # K59051

1. Corporation Name
INDUSTRIAL FOODSERVICE SALES, INC.

Principal Place of Business

10272 NW 47TH ST
SUNRISE FL 33351
US

Mailing Address

10272 NW 47TH STREET
SUNRISE FL 33351
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/18/1989

4. FEI Number
65-0093374

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 the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 7636 EAGLE POINT DR

Suite, Apt. #, etc.

22 DELRAY BEACH

City & State

23 DELRAY - FLA.

Zip

24 33446

Country

2a. Mailing Address

26 9600 NW 25 ST STREET

Suite, Apt. #, etc.

27 STE - G-A

City & State

28 MIAMI - FLA.

Zip

29 33172-1416

Country

30 MIAMI

9. Name and Address of Current Registered Agent

EKLUND, A. DAVID
1215 SEABAY RD
FT. LAUDERDALE FL 33326

10. Name and Address of New Registered Agent

81 Name CARLOS M PATINO
82 Street Address (P.O. Box Number is Not Acceptable)
4925 SW 140 CT
83
84 City MIAMI FL 85 Zip Code 33175

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

CARLOS M PATINO Carlos M Patino PRES 4-14-99

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	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETED
PD	EKLUND, A. DAVID	1215 SEABAY ROAD	FT. LAUDERDALE FL	<input checked="" type="checkbox"/>
VD	PATINO, CARLOS M.	4925 S.W. 140TH COURT	MIAMI FL	<input type="checkbox"/>
TD	EKLUND, MARY E.	1215 SEABAY ROAD	FT. LAUDERDALE FL	<input checked="" type="checkbox"/>
SD	PATINO, MARIA F.	4925 SW 140TH COURT	MIAMI FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
YD	DORON CORCOS	7636 EAGLE POINT DR	DELRAY BEACH, FL 33446	<input type="checkbox"/>	<input checked="" type="checkbox"/>
TD	RACHEL CORCOS	7636 EAGLE POINT DR	DELRAY BEACH, FL 33446	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:

DORON CORCOS 4-14-99 305-477-2939

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)