

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

FILED
Apr 20, 1999 8:00 am
Secretary of State

04-20-1999 90092 043 ***150.00

PROFIT CORPORATION
 ANNUAL REPORT
1999



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

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

2. Principal Place of Business
 21 **7636 EAGLE POINT DR**
 Suite, Apt. #, etc.
 22 **DELRAY BEACH**
 City & State
 23 **DELRAY - FLA.**
 Zip Country
 24 **33446** 25 **FLA.**

2a. Mailing Address
 26 **9600 NW 25ST STREET**
 Suite, Apt. #, etc.
 27 **STE - G - A**
 City & State
 28 **MIAMI ; FLA.**
 Zip Country
 29 **33172-1416** 30 **FLA.**

3. Date Incorporated or Qualified
01/18/1989

4. FEI Number
65-0093374

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

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** DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	EKLUND, A. DAVID	
STREET ADDRESS	1215 SEABAY ROAD	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	PATINO, CARLOS M.	
STREET ADDRESS	4925 S.W. 140TH COURT	
CITY-ST-ZIP	MIAMI FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	EKLUND, MARY E.	
STREET ADDRESS	1215 SEABAY ROAD	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	PATINO, MARIA F.	
STREET ADDRESS	4925 SW 140TH COURT	
CITY-ST-ZIP	MIAMI FL	
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	YD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	DORON CORCOS	
1.3 STREET ADDRESS	7636 EAGLE POINT DR	
1.4 CITY-ST-ZIP	DELRAY BEACH, FL 33446	
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	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	RACHEL CORCOS	
3.3 STREET ADDRESS	7636 EAGLE POINT DR	
3.4 CITY-ST-ZIP	DELRAY BEACH, FL 33446	
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: **DORON CORCOS** *Doron Corcos* **4-14-99** **305-477-2939** DATE Daytime Phone #

CR2E034 (11/98)