

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

**FILED**  
**Jan 26 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # K64236 (8)**

1. Corporation Name  
**SUPREMA, INC.**



Principal Place of Business <b>4474 WOODFIELD BLVD.                  BOCA RATON FL 33434</b>	Mailing Address <b>4474 WOODFIELD BLVD.                  BOCA RATON FL 33434</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 <b>7900 Glades Road</b>	26 <b>7900 Glades Road</b>			<b>02/08/1989</b>	
Suite, Apt. #, etc. 22 <b>Suite 510</b>		Suite, Apt. #, etc. 27 <b>Suite 510</b>		4. FEI Number	
City & State 23 <b>Boca Raton, Florida</b>		City & State 28 <b>Boca Raton, Florida</b>		<b>65-0100635</b>	
Zip 24 <b>33434-4105</b>	Country 25 <b>USA</b>	Zip 29 <b>33434-4105</b>	Country 30 <b>USA</b>	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
<b>JACOBSON, HAROLD B.                  4474 WOODFIELD BLVD.                  BOCA RATON FL 33434</b>				81 Name <b>JACOBSON, HAROLD B.</b>	
				82 Street Address (P.O. Box Number is Not Acceptable) <b>7900 Glades Road</b>	
				83 <b>Suite 510</b>	
				84 City <b>Boca Raton</b> <b>FL</b> 85 Zip Code <b>33434-4105</b>	
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 <i>[Signature]</i> <b>HAROLD B. JACOBSON</b> <b>JAN. 14 - 1998</b>					

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
<b>JACOBSON, HAROLD B.                  4474 WOODFIELD BLVD.                  BOCA RATON FL 33434</b>				81 Name <b>JACOBSON, HAROLD B.</b>	
				82 Street Address (P.O. Box Number is Not Acceptable) <b>7900 Glades Road</b>	
				83 <b>Suite 510</b>	
				84 City <b>Boca Raton</b> <b>FL</b> 85 Zip Code <b>33434-4105</b>	

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 *[Signature]* **HAROLD B. JACOBSON** **JAN. 14 - 1998**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>DP</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>JACOBSON, HAROLD B.</b>	1.2 NAME	
STREET ADDRESS	<b>4474 WOODFIELD BLVD.</b>	1.3 STREET ADDRESS	<b>7900 Glades Road, Suite 510</b>
CITY-ST-ZIP	<b>BOCA RATON FL</b>	1.4 CITY-ST-ZIP	<b>Boca Raton, Florida 33434-4105</b>
TITLE	<b>V</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>JACOBSON, RALPH</b>	2.2 NAME	
STREET ADDRESS	<b>3030 HAMPTON PLACE</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>BOCA RATON FL</b>	2.4 CITY-ST-ZIP	
TITLE	<b>DST</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BEATRIZ R. JACOBSON</b>	3.2 NAME	
STREET ADDRESS	<b>4474 WOODFIELD BLVD.</b>	3.3 STREET ADDRESS	<b>7900 Glades Road, Suite 510</b>
CITY-ST-ZIP	<b>BOCA RATON FL</b>	3.4 CITY-ST-ZIP	<b>Boca Raton, Florida 33434-4105</b>
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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.

SIGNATURE: *[Signature]* **HAROLD B. JACOBSON, President** **1/14/98** **TEL 883 5959**

CR2E034 (10/97)