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

99 APR 22 PM 12:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L32215

1. Corporation Name

PC Foods of Jensen Beach, Inc.

Principal Place of Business — Mailing Address

C/o: CPG Holdings Inc
One Biscayne Tower, suite 1470
Miami, FL 33131

2. Principal Place of Business
21
Suite, Apt #, etc
22
City & State
23
Zip — Country
24 — 25

2a. Mailing Address — Same
26
Suite, Apt #, etc
27
City & State
28
Zip — Country
29 — 30

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/06/1989
4. FEI Number: 65-0178374 [ ] 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

9. Name and Address of Current Registered Agent

Haft & Associates PA
1101 Brickell Avenue
suite 800
Miami FL 33131

10. Name and Address of New Registered Agent

81 Name: Richard Lee PA
82 Street Address (P.O. Box Number is Not Acceptable): 2655 Le Jeune Road
83 5th Floor
84 City: Coral Gables, FL — FL — 85 Zip Code: 33134

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: RICHARD S. LEE, P.A. BY: [signature] PRESIDENT — 4-20-99
Signature, typed or printed name of registered agent and title if applicable — (NOTE: Registered Agent signature required when reinstating) — Date

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	DP	[ ] DELETE	1 1 TITLE [ ] Change [ ] Addition
NAME	Felipe Antonio Custer		1 2 NAME
STREET ADDRESS	One Biscayne Tower, suite 1470		1 3 STREET ADDRESS
CITY-ST-ZIP	Miami, FL 33131		1 4 CITY-ST-ZIP
TITLE	S	[ ] DELETE	2 1 TITLE [ ] Change [ ] Addition
NAME	Triese, Richard		2 2 NAME
STREET ADDRESS	one Biscayne tower, #1470		2 3 STREET ADDRESS
CITY-ST-ZIP	Miami FL 33131		2 4 CITY-ST-ZIP
TITLE	T	[ ] DELETE	3 1 TITLE
NAME	Engel, Martin		3 2 NAME
STREET ADDRESS	one Biscayne Tower #1470		3 3 STREET ADDRESS
CITY-ST-ZIP	Miami, FL 33131		3 4 CITY-ST-ZIP
TITLE		[ ] DELETE	4 1 TITLE [ ] Change [ ] Addition
NAME			4 2 NAME
STREET ADDRESS			4 3 STREET ADDRESS
CITY-ST-ZIP			4 4 CITY-ST-ZIP
TITLE		[ ] DELETE	5 1 TITLE [ ] Change [ ] Addition
NAME			5 2 NAME
STREET ADDRESS			5 3 STREET ADDRESS
CITY-ST-ZIP			5 4 CITY-ST-ZIP
TITLE		[ ] DELETE	6 1 TITLE [ ] Change [ ] Addition
NAME			6 2 NAME
STREET ADDRESS			6 3 STREET ADDRESS
CITY-ST-ZIP			6 4 CITY-ST-ZIP

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****750.00 ****150.00

4/23/99

CR2E034 (11/98)

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: [signature] — 3/22/99 — (305) 373-3734
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #