


File on or before May 1, 1998 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1998		 FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS	
<b>FILING FEE \$ 188.75</b> Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE			
1. Name and Mailing Address of Limited Liability Company <b>DOCUMENT # L97000001026</b>  INTERNATIONAL GOURMET, L.C. * 9509 SOUTH DIXIE HIGHWAY BOX 322 MIAMI FL 33156 <i>IS CORRECT ADDRESS HAS CHANGED →</i>		1a. Principal Place of Business Address  9509 SOUTH DIXIE HIGHWAY BOX 322 MIAMI FL 33156 <i>4/29</i>	
2. Principal Place of Business 9497 South Dixie Highway Suite, Apt. #, etc. Suite 322 City & State Miami FL Zip 33156 Country USA	2a. Mailing Address 9497 South Dixie Highway Suite, Apt. #, etc. Suite 322 City & State Miami, FL Zip 33156 Country USA	3. Date Organized or Qualified 09/17/1997 4. FEI Number 65-0801945	3a. State of Formation FL <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
7. Name and Address of Current Registered Agent  SIMAN, FERNANDO E JR. 11701 N.W. 100TH ROAD BAY 2 MIAMI FL 33178		8. Name and Address of New Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) 600002515576- -7 Suite, Apt. #, etc. -05/07/98--01082--023 B City Zip Code ***188.75 ***188.75 <b>FL</b>	
9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company 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 affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations. SIGNATURE _____ DATE _____ <small>(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)</small>			
10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGRM	TRATTLER, MEREDITH	5740 S.W. 117TH STREET	MIAMI FL

11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3) (l), Florida Statutes. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes; and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE: *Meredith A. Trattler*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #