

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

97 JUN 10 AM 6:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # M96415 (8)

1. Corporation Name

INTERNATIONAL FOOD BAZAAR, INC.

Principal Place of Business

2080 NORTHEAST 1ST AVENUE
POMPANO BEACH FL 33060

Mailing Address

2080 NORTHEAST 1ST AVENUE
POMPANO BEACH FL 33060

PO Box 50332
Lighthouse Point FL 33074

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 PO Box 50332

27 City & State

28 LIGHTHOUSE POINT
29 33074 30 USA

3. Date Incorporated or Qualified
08/29/1988

3a. Date of Last Report
10/17/1995

4. FEI Number

65-0245518

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 has liability for intangible tax under s 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

JOVANOVIC, DOUGLAS, ESQ.
888 SOUTHEAST 3RD AVENUE, SUITE 400
FT. LAUDERDALE FL 33318

10. Name and Address of New Registered Agent

81 Name

HARLAN BAST

82 Street Address (P.O. Box Number is Not Acceptable)

2060 NE 1st AVE

83 City

POMPANO

84 State

FL

85 Zip Code

33060

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 typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

6-9-97

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	BAST, HARLAN J., II	
STREET ADDRESS	2060 NE 1ST AVE.	
CITY-ST-ZIP	POMPANO BCH. FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	BAST, GEROGIA	
STREET ADDRESS	2060 NE 1ST AVE.	
CITY-ST-ZIP	POMPANO BEACH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	BAST HARLAN J. II	
1.3 STREET ADDRESS	PO Box 50332 NA	
1.4 CITY-ST-ZIP	Lighthouse Point FL 33074	
2.1 TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	BAST, Georgia N/A	
2.3 STREET ADDRESS	PO Box 50332	
2.4 CITY-ST-ZIP	Lighthouse Point, FL 33074	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	400002210604	
3.3 STREET ADDRESS	-06/12/97-01108-003	
3.4 CITY-ST-ZIP	****700.00 ****700.00	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	REINSTATEMENT	
4.3 STREET ADDRESS	-96-97	
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	400002210604	
6.3 STREET ADDRESS	-06/12/97-01108-010	
6.4 CITY-ST-ZIP	****215.00 ****215.00	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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

Georgia Bast

6-9-97

954
781-2222

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)