FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

FILED
95 JAN 27 PM 3:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P08043 (2)

1. Corporation Name
ESS-FOOD USA, INC.

Principal Place of Business	Mailing Address
4601 SHERIDAN ST S420 HOLLYWOOD FL 33021 US	4601 SHERIDAN ST S420 HOLLYWOOD FL 33021 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 11/08/1985
3a. Date of Last Report: 02/28/1994

2. Principal Place of Business 21
2a. Mailing Address 26
Suite, Apt. #, etc. 22 / 27
City & State 23 / 28
Zip 24 Country 25 / Zip 29 Country 30

4. FEI Number: 52-1370446 ☐ 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

KRISTENSEN, PALLE HELDT
4601 SHERIDAN ST
S420
HOLLYWOOD FL 33021

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

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 reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	VTS
NAME	KRISTENSEN, PALLE HELDT
STREET ADDRESS	4601 SHERIDAN ST S420
CITY-ST-ZIP	HOLLYWOOD FL
TITLE	D
NAME	JENSEN, FLEMING
STREET ADDRESS	AXELBORG, AXELTORV 1609
CITY-ST-ZIP	COPENHAGEN, DENMARK
TITLE	D
NAME	JOSETSEN, JENS
STREET ADDRESS	AXEL;BROG, AXELTORV 1609
CITY-ST-ZIP	COPEHHAGEN DE
TITLE	P
NAME	KJAEROE, STIG
STREET ADDRESS	4651 SHERIDAN ST #330
CITY-ST-ZIP	HOLLYWOOD FL
TITLE	D
NAME	EDELMANN, JASPER
STREET ADDRESS	5 BIS RUE LE TASSE
CITY-ST-ZIP	PARIS, FRANCE
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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: PALLE HELDT KRISTENSEN 1/20/95 305 981 1770
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0003083 CP