

**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

**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**

3. Date Incorporated or Qualified

**11/08/1985**

3a. Date of Last Report

**01/27/1995**

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**KRISTENSEN, PALLE HELDT  
4601 SHERIDAN ST  
S420  
HOLLYWOOD FL 33021**

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME **VTS  
KRISTENSEN, PALLE HELDT  
4601 SHERIDAN ST S420  
HOLLYWOOD FL**

TITLE ☐ DELETE

NAME **D  
JENSEN, FLEMING  
AXELBORG, AXELTORV 1609  
COPENHAGEN, DENMARK**

TITLE ☐ DELETE

NAME **D  
JOSETSEN, JENS  
AXELBROG, AXELTORV 1609  
COPENHAGEN DE**

TITLE ☐ DELETE

NAME **P  
KJAEROE, STIG  
4651 SHERIDAN ST #330  
HOLLYWOOD FL**

TITLE ☐ DELETE

NAME **D  
EDELMAAN, JASPER  
5 BIS RUE LE TASSE  
PARIS, FRANCE**

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-STATE-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-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:

*Sandra B. Mortham*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*PALLE HELDT KRISTENSEN*

*2/15/96*

*954 981 1770*

Date

Daytime Phone #

CR2E034 (12/95)