FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997

ESS-FOOD USA, INC.



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P08043

(2)

FILED Feb 17 1997 8:00am Secretary of State



Principal Place of Business Mailing Address 4601 SHERIDAN ST 4601 SHERIDAN ST 8420 HOLLYWOOD FL 33021 HOLLYWOOD FL 33			21-3412			
US		U\$		 Date Incorporated or Qualified 11/08/1985 	3s. Date of Last Report 02/21/1996	
2. Principal Pl	ace of Business	2a. Mailing Address	,,		4. FEI Number 52-1370446	Applied For Not Applicable
Suite, Apt. #, etc		Surte, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State 23		City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip 24	Country 25	Ζίρ 29	30 Cou	niry	This corporation has liability to Florida Statutes	r intangible tax under s. 199.032,
	9. Name and Address of Current				10. Name and Address of New R	teglatered Agent
	TENSEN, PALLE HELDT			81 Name		
4601 SHERIDAN ST S420				B2 Street At	ddress (P.O. Box Number is Not Accepta	able)
HUL	LYWOOD FL 33021			63		
				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						
40	Signature, typed or printed nume of registered agent		TE: Registere	Agent signature re	quired when reinstating! ADDITIONS/CHANGES TO OFF	DATE
12.	OFFICERS AND	DELETE	1.1 TI	TIF T	ADDITIONS/CHANGES TO CFF	Change Addition
NAME	KRISTENSEN, PALLE HELDT		1.2 N	1		
STREET ADORESS	4601 SHERIDAN ST S420			REET AODRESS		
CITY-ST-ZIP	HOLLYWOOD FL			TY-ST-ZIP		
TITLE	D	DELETE	2.1 71			Change Addition
NAME	JENSEN, FLEMING		2.2 N	ME .		•
STREET ADDRESS	AXELBORG, AXELTORY 1609		2.3 ST	REET ADDRESS		
CHY-ST-ZIP	Copenhagen, Denmark		2.40	ITY-ST-ZIP		j
TOTLE	D	DELETE	3.1 Ti			Change Addition
NAME	Josetsen, Jens		3.2 N	AME		
STREET ADDRESS	AXEL;BROG, AXELTORY 1609		3.3 \$	REET ADDRESS		
CHTY - ST - ZIP	COPEHHAGEN DE	7,7,7,7,1,0,0,0,0,0,0,0,0,0,0,0,0,0,0,0,	3.4 C	ITY-ST-ZIP		
TITLE	P	□ DELETE	4.1 Ti	TLE		Change Addition
NAME	KJAEROE, STIG		4.21	AME		
STREET ADDRESS	4851 SHERIDAN ST #330		4.3 \$	REET ADDRESS		
CITY+ST-ZIP	HOLLYWOOD FL		4.4 C	TY-51-21P		
TITLE		☐ DELETE	5 1 TI]		Change Addition
NAME	EDELMANN, JASPER		52 N	1		
STREET ADDRESS	5 BIS RUE LE TASSE		53S	REET ADDRESS		
CITY-ST-7P	PARIS, FRANCE			TY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·	
TITLE		DELETE	61 TI			Change Addition
NAME			62 N			
STREET ADDRESS			6.3 S	IREET ADDRESS		
CITY-ST-7/P			6.4 C	TY-ST-ZIP		

14. I do 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 authority of the corporation of the corporation of the corporation of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name