

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

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Feb 03 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P08043 (2)  
1. Corporation Name  
ESS-FOOD USA, INC.



Principal Place of Business 4801 SHERIDAN ST S420 HOLLYWOOD FL 33021 US	Mailing Address 4801 SHERIDAN ST S420 HOLLYWOOD FL 33021 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 11/08/1985	
4. FEI Number 52-1370446		Applied For Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		8. \$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent

KRISTENSEN, PALLE HELDT  
4801 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	85 Zip Code
			FL	

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VTS	1.1 TITLE	CHAIRMAN, DIRECTOR
NAME	KRISTENSEN, PALLE HELDT	1.2 NAME	NIELS J. MOELLER
STREET ADDRESS	4801 SHERIDAN ST S420	1.3 STREET ADDRESS	AXELBORG, AXELTORV 1609
CITY-ST-ZIP	HOLLYWOOD FL	1.4 CITY-ST-ZIP	COPENHAGEN, DENMARK
TITLE	D	2.1 TITLE	DIRECTOR
NAME	JENSEN, FLEMING	2.2 NAME	HELGE FRAS
STREET ADDRESS	AXELBORG, AXELTORV 1609	2.3 STREET ADDRESS	AXELBORG, AXELTORV 1609
CITY-ST-ZIP	COPENHAGEN, DENMARK	2.4 CITY-ST-ZIP	COPENHAGEN, DENMARK
TITLE	P	3.1 TITLE	
NAME	KJAEROE, STIG	3.2 NAME	
STREET ADDRESS	4851 SHERIDAN ST #330	3.3 STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD FL	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	
NAME	EDELMANN, JASPER	4.2 NAME	
STREET ADDRESS	5 BIS RUE LE TASSE	4.3 STREET ADDRESS	
CITY-ST-ZIP	PARIS, FRANCE	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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 attachment with an address.

SIGNATURE \_\_\_\_\_ DATE 01/27/98 954 981 1770

CR2E034 (10/97)