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

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P93000041824 (2)

SJ BOCA RATON FOOD INC.

Principal Place of Business Mailing Address 6299 WEST SUNRISE BLVD. % SAKKIO JAPAN 95 ROYAL CT. STE. 207A DO NOT WRITE IN THIS SPACE SUNRISE FL 33313 MARKHAM, ONTARIO CA L3R9X-5 3. Date Incorporated or Qualified 06/07/1993 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0426282 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #. etc. \$8.75 Additional 5. Certificate of Status Desired Fee Regulred 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Zip Country Ζip Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes 24 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 WANG, MING C EDDY CHOMPOONICH 6299 WEST SUNRISE BLVD. Address (P.O. Box Number is Not Acceptable)
3 N.W. 13TH ST. 82 STE. 207A **B**3 SUNRISE FL 33313 R4 City Zip Code 33026 PEMBROKE PINES 596, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered such change. As authorized by the corporation's board of directors. I hereby accept the appointment as registered clips 607,6505. Florida Statutes. 11. Pursuant to the provisions of Sections 607 office or registered agent, or both, in the agent. I am familiar with, and accept au13.1**SIGNATURE** (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. PD DELETE Change Addition TITLE 1.1 TITLE CHOMPOONICH, EDDY NAME 1.2 NAME 11803 NW 13TH ST. STREET ADDRESS 1.3 STREET ADDRESS PEMBROKE PINES FL CITY-ST-ZIP 1.4 CITY - ST - 7(P TITLE VSD DELETE Change Addition 2.1 TITLE CHIM, DANIEL NAME 2.2 NAME 16 PERDUE CT. STREET ADDRESS 2.3 STREET ADDRESS MARKHAM ON CITY-ST-ZIP 2 4 City-St-ZiP DELETE Addition TITLE 31 TITLE 32 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY - \$1 - ZIP CITY-ST-ZIP DELETE Change Addition 5.1 7171.5 NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP TITLE DELETE 6.1 THLE Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS

14. I heroby 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 eath; that I am an officer or director of the corporation or the receiver of 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 attacking it with an address.

SIGNATURE

CITY-ST-ZIP

DANTIEL CHIEF

JANUARY 12, 1998

905-474-0710

CR2E034 (10/97

FILED

Feb 06 1998 8:00am

Secretary of State