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PROFIT CORPORATION ANNUAL REPORT



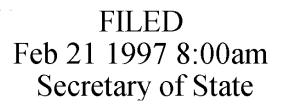
FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT # P93000078909 (7)

INTERNATIONAL KITCHENS, INC.



Supplication Supp	Principal Place of Business Mailing Address 8781 S.W. 133RD ST. 6225 SW KENDALE LAKE CIRCLE MIAMI FL 33178 SUITE D-152 MIAMI FL 33183-1952						
2. Principal Place of Business 2. Making Address 2. Suito Apt. 4. ofc. 5. Suito Apt. 4. ofc. 5. Suito Apt. 4. ofc. 7. Suito Apt. 4. Suito Apt. 4. ofc. 7. Suito Apt. 4. of			U\$				
Size Apt. # etc. Suno Apt. #, etc. Suno A	2. Principal Plai	ce of Business	h			4. FEI Number	
City & State	21					65-0448261	
Clay South		QIC.				5. Certificate of Status Desired	
Part Country Zp	City & State	g, _{1, 1, 1} , 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,				6. Election Campaign Financing	\$5.00 May Be
25	23	October 1		Count			
Pack Francisco Pack Pa	 	}η '	}	L	у		intargible tax under s. 199.032,
### FINALE LAKE CIRCLE SUTE D-152 B2 Street Address (P.O. Box Number is Not Acceptable) #### FINALE LAKE CIRCLE SUTE D-152 B3 Street Address (P.O. Box Number is Not Acceptable) ###################################	24			1301			
TITLE	SUTTI MIAM 11, Pursuant to office or re- agent 1 am SIGNATURE	D-152 II FL 33183 the provisions of Sections 607.0 pistereo agent, or both, in the Statemuliar with, and accept the ob-	502 and 607.1508, Florida Stat ate of Florida Such change was ligations of Section 607.0505, I	8. utes, the abos authorized I	4 City ve-named corp by the corporates.	poration submits this statement for the tion's board of directors. I hereby acce	PL 85 Zip Code purpose of changing its registered opt the appointment as registered
NAME STREET ALDRESS SECTION STREET ALDRESS STR						ADDITIONS/CHANGES TO OFFI	
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C-ITY-ST-ZIP 6.4 CITY-ST-ZIP	Dity-ST-ZIP			1	I I		

14. I do hereby certify that the information supplied with this fitting 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 comporation or the receipter or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changed, or on an appropriate with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR