

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 01, 1999 8:00 am
Secretary of State

03-01-1999 90018 042 ***150.00

DOCUMENT # P94000022637

1. Corporation Name
IBF FOODS, INC.

Principal Place of Business
21667 STATE RD 7
BOCA RATON FL 33428
US

Mailing Address
10512 MILBURN LN
BOCA RATON FL 33498
US



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/23/1994

4. FEI Number

65-0499064

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GOLDBERG, HARVEY
8885 HAMPTON CIRCLE
BOCA RATON FL 33434

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

373 FANSHAW I

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

Harvey Goldberg
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1/29/99

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P ☐ DELETE
NAME IRENE GOLDBERG
STREET ADDRESS ~~3005 HAMPTON CIRCLE~~
CITY-ST-ZIP BOCA RATON FL

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS 373 FANSHAW I
1.4 CITY-ST-ZIP

TITLE VPTS ☐ DELETE
NAME GOLDBERG, HARVEY
STREET ADDRESS ~~3005 HAMPTON CIRCLE~~
CITY-ST-ZIP BOCA RATON FL

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME 10512 MILBURN LANE
2.3 STREET ADDRESS BOCA RATON, FL
2.4 CITY-ST-ZIP 33498

TITLE VP ☐ DELETE
NAME LEVENSON, LINDA
STREET ADDRESS 10512 MILBURN LN
CITY-ST-ZIP BOCA RATON FL 33498

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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, with all other like empowered.

SIGNATURE:

Harvey Goldberg
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

DAYTIME PHONE #

1/29/99

561-852-1300

CR2E034 (11/98)

0365940