

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
May 11, 1999 8:00 am
Secretary of State

05-11-1999 90038 022 ***150.00

DOCUMENT # P94000070388

1. Corporation Name

INTERNATIONAL FOOD SALES COMPANY, INC.

Principal Place of Business

101 CRANDON BLVD.
STE. 277
KEY BISCAYNE FL 33149

Mailing Address

101 CRANDON BLVD.
STE. 277
KEY BISCAYNE FL 33149

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/22/1994

4. FEI Number

65-0523236

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

21 1400 NW 96th AVE.

2a. Mailing Address

26 1400 NW 96th AVE.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 MIAMI FL.

City & State

28 MIAMI FL.

Zip

24 33172

Country

25 USA.

Zip

29 33172

Country

30 USA.

9. Name and Address of Current Registered Agent

TORRES, JUAN
101 CRANDON BLVD.
STE. 277
KEY BISCAYNE FL 33149

10. Name and Address of New Registered Agent

81 Name

TORRES, JUAN

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

1400 NW 96th AVE.

83

84 City

MIAMI

FL

85 Zip Code

33172

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP
VD
TORRES, JUAN M
101 CRANDON BLVD., STE. 277
KEY BISCAYNE FL 33149

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP
PDS
MARQUEZ, MARIA M
101 CRANDON BLVD., STE. 277
KEY BISCAYNE FL 33149

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 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 in changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

JUAN TORRES

05-13-99

305-4687900

Date

Daytime Phone #

CR2E034 (11/98)