


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

FILED  
Feb 05 1998 8:00am  
Secretary of State

<b>PROFIT CORPORATION ANNUAL REPORT 1998</b>				FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # P95000037186 (0)</b> 1. Corporation Name <b>VARIETY FOODS, INC.</b>					
Principal Place of Business <b>3750 N.E. 4TH AVE. FT. LAUDERDALE FL 33334</b>			Mailing Address <b>3750 N.E. 4TH AVE. FT. LAUDERDALE FL 33334</b>		
2. Principal Place of Business 21 <b>5180 NW 12 Ave</b> Suite, Apt. #, etc. 22		2a. Mailing Address 26 <b>5180 NW 12 Ave</b> Suite, Apt. #, etc. 27		3. Date Incorporated or Qualified <b>05/08/1995</b>	
23 <b>FT. LAUDERDALE, FL</b> City & State 24 <b>33309</b> 25 <b>Broward</b> Zip Country		28 <b>FT. LAUDERDALE, FL</b> City & State 29 <b>33309</b> 30 <b>Broward</b> Zip Country		4. FEI Number <b>65-0630794</b> Applied For Not Applicable	
9. Name and Address of Current Registered Agent <b>MONTELLO, LOUIS R 701 BRICKELL AVE., #1200 MIAMI FL 33131</b>				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
				8. 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	
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.				10. Name and Address of New Registered Agent	
SIGNATURE				DATE	
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalling)					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	<b>D</b>	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>RALEY, LOUIS A</b>		1.2 NAME		
STREET ADDRESS	<b>3750 N.E. 4TH AVE.</b>		1.3 STREET ADDRESS		
CITY-ST-ZIP	<b>FT. LAUDERDALE FL 33334</b>		1.4 CITY-ST-ZIP		
TITLE	<b>D</b>	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>MIDYETTE, EUGENE</b>		2.2 NAME		
STREET ADDRESS	<b>3750 N.E. 4TH AVE.</b>		2.3 STREET ADDRESS		
CITY-ST-ZIP	<b>FT. LAUDERDALE FL 33334</b>		2.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: SIGNATURE REQUIRED Treas 1/16/98 954-570-9299

CR2E034 (10/97)