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 # P95000062627 (1)

FOOD & CHEMICAL TECHNOLOGIES, INC.

Principal	Place of	Business
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Mailing Address

FILED
May 07 1998 8:00am
Secretary of State



7105 MIAMI LAKES DR SUITE N9 MIAMI FL 33014	7105 MIAMI LAKES DR SUITE N9 MIAMI FL 33014		DO NOT WRITE IN THIS	SPACE
CONTROL OF STATE OF			3. Date Incorporated or Qualified 08/14/1995	
2. Principal Place of Business	2a. Mailing Address	10 4.4	4. FE! Number	Applied For
	26 7723 W	29 WAY	65-0603436	Not Applicable
	Suite, Apl. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
	Cily & State HIYWAH	F/	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip Country 24 33 0/6 25 V S A 9. Name and Address of Current R	29 330/6	30 USA	This corporation owes or has paid the corporation owes or has paid the corporation and Property Tax due June 30. Name and Address of New Registered	Yes No
LINDLEY, JOSE E	efistered whell	81 Name	10. Hame Bild Address of Hely Heylerolet	Agent
7105 MIAMI LAKES DR			10.00	
7105 MIAMI LAKES DK SUITE N9		82 Street Add	Address (P.O. Box Number is Not Acceptable)	
MIAMI FL 33014		83		
		84 City		85 Zip Code
			<u> </u>	
 Pursuant to the provisions of Sections 607.0502 ar office or registered agent, or both, in the State of F 	torida. Such change was a	uthorized by the corpora	rporation submits this statement for the purpose a ation's board of directors. I hereby accept the ap	of changing its registered pointment as registered
agent. I am familiar with, and accept the obligation	ns of, Section 607.0505, Flo	rida Statutes.	· · · · ·	
SIGNATURE Signature, lypod or pented name of registered agent an	Little if 800% abis (NOTE	Registered Agent signature requ	uired when reinstating) DATE	
12. OFFICERS AND D		13.	ADDITIONS/CHANGES TO OFFICERS AN	ID DIRECTORS IN 12
TITLE PSD	DELETE	1.1 TITLE		Change Addition
NAME LINDLEY, JOSE E		1.2 NAME		
STREET ADDRESS 7105 MIAMI LAKES DR SUITE N	9	1.3 STREET ADDRESS		ļ
DITY-ST-ZIP MAMI FL 33014	DELETE	1.4 CITY-ST-ZIP		Change Addition
TITLE VTD NAME GIANNONI, ERNESTO B	L'1 NETERE	21 TITLE		Change Addition
BAAR SHILLI SAVES BE SINTE OF	lo.	2.2 NAME		
STREET ADDRESS 7105 MIAMI LAKES UR SUITE N CITY-ST-ZIP MIAMI FL 33014	15	2.3 STREET ADDRESS 2. 4 CITY - ST - ZIP		
TITLE	☐ DELET E	3.1 TITLE		Change Addition
NAME		3.2 NAME		
STREET ADDRESS		3.3 STREET ADDRESS		
CITY-ST-ZIP		3 4. CITY - ST - ZIP		
TITLE	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME		4. 2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-\$T-ZIP	no tre	4.4 City-St-ZiP		Obassa
TITLE	☐ DELETE	5.1 TITLE 5.2 NAME		Change Addition
NAME STREET ADDRESS		5.2 NAME 5.3 STREET ADDRESS		
STREET AUDITESS CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE	DELETE	6.1 TITLE		Change Addition
NAME	_	62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY - \$1 - ZIP		

14. Thereby 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 of 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 changes, or on an attachment with an address.