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CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000072586 (6)

FILED Feb 11 1998 8:00am Secretary of State

INTERNATIONAL MARKETING AND FOOD BROKERAGE. INC. Principal Place of Business Mailing Address 2214 CYPRESS BEND DR. SO., #201, BLDG. 1 1419 BANKS RD POMPANO BEACH FL 33069 MARGATE FL 33063 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 08/28/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 65-0699446 Not Applicable 26 Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State \$5.00 May Be 6, Election Campaign Financing 23 Trust Fund Contribution Added to Fees 28 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No Zip 200 Country 24 Personal Property Tax due June 30. 25 29 30 10. Name and Address of New Registered Agent g. Name and Address of Current Registered Agent 81 Name MOFSEN, HOWARD C.P.A. 5701 N. PINE ISLAND ROAD, #250 Street Address (P.O. Box Number is Not Acceptable) FT. LAUDERDALE FL 33321 83 84 City Zip Code Fl 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12 Change Addition DELETE TITLE 1.1 TITLE **GIUFFIDA, SALUATORE** 1.2 NAME NAME 2214 CYPRESS BEND DR S. #201 BLDG 1 1.3 STREET ADDRESS STREET ADDRESS POMPANO BEACH FL CITY - ST - ZIP 1.4 CITY - ST-ZIP Addition DELETE 2.1 TITLE TITLE GALASSO, SYLVESTER 2.2 NAME NAME 9609 RIVERSIDE DR #81 2.3 STREET ADDRESS STREET ADDRESS **CORAL SPRINGS FL** 2. 4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 34 CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition 5.1 TITLE TITLE **5.2 NAME** NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition 61 TITLE TITLE 6.2 NAME NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-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 appurate and that my signature shall have the same legal effect as if made under path; 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 indicated on this annual report or supplemental annual report is true and ac officer or director of the corporation or the receiver or trustee empowered. Block 12 or Block 13 if changed, or an allachment with an address. officer or director of the corporation Block 12 or Block 13 if changed, or

SIGNATURE:

CR2E034 (10/97