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 # P9700007792 (9)

INTERNATIONAL OSTRICH FARMS, INC.

rincipal Place of Business	Mailing Address			
189 E. FLAGLER STREET	169 E. FLAGLER STRE			
BUITE 1527	Suite 1527			
MAMM FL 33131	Miami Fl 33131			

FILED May 14 1998 8:00am Secretary of State

Principal Place of Business Mailing Address							1911) 49 141 49 181	188H 188H 18H		
169 E. FLAGLER STREET 169 E. FLAGLER STREET SUITE 1527 SUITE 1527 MIAMI FL 33131 MIAMI FL 33131			•							
						1				
							DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifieo			
						ı	01/27/1997			
2. Principal P	lace of Business	2a. Marling Addre	iss				4. FEI Number		ΔΓ	oplied For
21		26	•				65-0721745			ot Applicable
Suite, Apt.	#, 91c.	Suite, Apt. #,	etc.						\$8.75	
22		27					Certificate of Status Desired		Fee Re	
City & State	9	City & State					6. Election Campaign Financing		\$5.00	May Be
23		28					Trust Fund Contribution		Added t	
Zip	Country	Zipi					8. This corporation owes or has p	aid the curr	ent year Int	angible
24	25	[29]	30				Personal Property Tax due Jur			No
	9. Name and Address of Curre	nt Registered Agent		81	T Name		10. Name and Address of New F	legistered A	gent	
	DROSO, ACELO I			"	Name	3]
	E. FLAGLER STREET			82	Street	Address	s (P.O. Box Number is Not Accepte	able)		
	TE 1527			83	 					
MIA	MI FL 33131			03]
				84	City			FL	85 Zip (Code
11. Pursuani t	to the provisions of Sections 607 056	02 and 607 1508. Florid	a Statutes, the	abov	e-named	d corpora	ation submits this statement for the		changing it	is registered
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	Stonature, typed or printed name of registered ag	and and title if applicable	(NOTE: Registe	red Age	ont signature	re required v	when reinstating)	DATE		
12.	OFFICERS AN	D DIRECTORS	13				ADDITIONS/CHANGES TO OFF	ICERS AND	DIRECTOR	S IN 12
TITLE	PTD	☐ DEI	ETE 1.1	TITLE					☐ Change	Addition
NAME	HAYASHI, JUNICHI		1.2	NAME						
STREET ADDRESS	19620 N.W. 62ND PLACE		1.3	STREET	ADDRESS					ļ.
CITY-ST-ZIP	MIAMI FL 33015			CITY - S	ST-ZIP					
TITLE	VSD	☐ D€i	.ETE 2.1	TITLE	ĺ	1			Change	Addition
NAME	FREYSTATTER, GUNTER		2.5	NAME						
STREET ADDRESS	169 E. FLAGLER STREET, SU	JITE 1527	23	STREET	ADDRESS	1				
CITY-ST-ZIP	MIAMI FL 33131				ST - ZIP	-				F-1
TITLE		Ĺ DEC		TITLE					☐ Change	
NAME				NAME						
STREET ADDRESS					ADDRESS	1				
CITY-ST-ZIP		T DE		CITY-!	ST-7IP	 			Change	Addition
TITLE				TITLE					T Cuanda	L Addition
NAME				NAME	1000/00	}				
STREET ADDRESS					ADDRESS					
CITY-ST-ZIP TITLE		DEL		CITY - S TITLE	1 - ZIP	 			Change	Addition
NAME				NAME	į				Change	C_) Addition
STREET ADDRESS					ADDRESS					
CITY-ST-ZIP TITLE		□ DEI		CITY - S TITLE	or-zir	 			Change	Addition
NAME			T T	NAME				•		
STREET ADDRESS					ADDRESS					
A HUPET MATURE 99			0.3	WITHER	MUDITOO	1				

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 suppliemental 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 13 if changed, or on an attachment with an address.

SIGNATURE:

JUNICHI HAYASHI

3/16/98 (30+)430-0435