

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

FILED
Mar 02 1998 8:00am
Secretary of State

| | | |
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| PROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|--|---|--|

DOCUMENT # P97000032202 (8)

1. Corporation Name

MATOK CHOCOLATES, INC.



Principal Place of Business

Mailing Address

~~8521 CASA DEL LAGO~~
BOCA RATON FL 33433

~~8521 CASA DEL LAGO~~
BOCA RATON FL 33433

DO NOT WRITE IN THIS SPACE

| | | | | | |
|-----------------------------------|--|---------------------------------|--|---|--|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified | |
| 21 21000 APER AVE 2010 | | 26 21000 Boca Rio Rd | | 04/09/1997 | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 4. FEI Number | |
| 22 | | 27 | | 65-0947199 | |
| City & State | | City & State | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 23 BOCA RATON FL | | 28 Boca Raton FL | | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| Zip | | Zip | | 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 | |
| 24 33433 | | 29 33433 | | | |

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BLOOMGARDEN, PAUL M
STE. 100A, 8551 W. SUNRISE BLVD.
FT. LAUDERDALE FL 33322

81 Name

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

83

84 City

FL

85 Zip Code

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | | | |
|----------------|-------------------------------|---------------------------------|--------------------|---|
| TITLE | D | <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | COWAN, SOPHIE D | | 1.2 NAME | |
| STREET ADDRESS | 8521 CASA DEL LAGO | | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | BOCA RATON FL 33433 | | 1.4 CITY-ST-ZIP | |
| TITLE | | <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | | 2.2 NAME | |
| STREET ADDRESS | | | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | | | 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:

Sophie Cowan

CR2E034 (1097)