

FILED
FL Sep 17 1998 8:00am
Ft Secretary of State

PROFIT CORPORATION ANNUAL REPORT		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P97000071397 1. Corporation Name Superior Garlic International Inc.			
Principal Place of Business		Mailing Address	
2. Principal Place of Business 21 1401 NW 22nd St. Suite, Apt. #, etc. 22 West Bay City & State 23 Miami FL Zip 24 33142		2a. Mailing Address 26 3628 Heron Ridge Lane Suite, Apt. #, etc. 27 City & State 28 Weston FL Zip 29 33331	
		3. Date Incorporated or Qualified 9/3/98	
		3a. Date of Last Report	
		4. FEI Number 65-0774436	
		Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent Corporate Creations Enterprises Inc. 4521 PGA Boulevard #211 Palm Beach Gardens, FL 33418		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <div style="text-align: right;">FL 85 Zip Code</div>	
11. Pursuant to the provisions of Sections 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
12. OFFICERS AND DIRECTORS			
TITLE	NAME	STREET ADDRESS	<input type="checkbox"/> DELETE
CITY-ST-ZIP			
TITLE	NAME	STREET ADDRESS	<input type="checkbox"/> DELETE
CITY-ST-ZIP			
TITLE	NAME	STREET ADDRESS	<input type="checkbox"/> DELETE
CITY-ST-ZIP			
TITLE	NAME	STREET ADDRESS	<input type="checkbox"/> DELETE
CITY-ST-ZIP			
TITLE	NAME	STREET ADDRESS	<input type="checkbox"/> DELETE
CITY-ST-ZIP			
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
1.1 TITLE	Director		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Silfredo Trujillo		
1.3 STREET ADDRESS	1401 NW 22nd St, West Bay		
1.4 CITY-ST-ZIP	Miami, FL 33142		
2.1 TITLE	Director		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Thomas E. Bradbury		
2.3 STREET ADDRESS	1401 NW 22nd St, West Bay		
2.4 CITY-ST-ZIP	Miami, FL 33142		
3.1 TITLE	Director		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Nildo Olmo		
3.3 STREET ADDRESS	1401 NW 22nd St, West Bay		
3.4 CITY-ST-ZIP	Miami, FL 33142		
4.1 TITLE	Director		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Jeffrey P. Eilers		
4.3 STREET ADDRESS	1401 NW 22nd St, West Bay		
4.4 CITY-ST-ZIP	Miami, FL 33142		
5.1 TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE	500002644		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	-09/21/98-01005-010		
6.3 STREET ADDRESS	***61.25		
6.4 CITY-ST-ZIP			
14. I do 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, or on attachment with an address.			
SIGNATURE <u>Silfredo Trujillo</u> Silfredo Trujillo, by Vivian C. Marti, as attorney-in-fact			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date <u>9/4/98</u>	Daytime Phone # <u>305-672-0686</u>