

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 06, 1999 8:00 am
Secretary of State

05-06-1999 90051 013 ***158.75

0217740

DOCUMENT # P97000081577

1. Corporation Name
EXPOGOURMETS-MIAMI, INC.



Principal Place of Business

Mailing Address

~~1385 CORAL WAY~~
~~SUITE 201-C~~
~~MIAMI FL 33145-2941~~

~~1385 CORAL WAY~~
~~SUITE 201-C~~
~~MIAMI FL 33145-2941~~

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 4380 WEST 16 AVE

Suite, Apt. #, etc.

22

City & State
Hialeah, FL

Zip
33012

Country
USA

24

2a. Mailing Address

26 4380 WEST 16 AVE

Suite, Apt. #, etc.

27

City & State
Hialeah, FL

Zip
33012

Country
USA

29

30

3. Date Incorporated or Qualified

09/19/1997

4. FEI Number

65-0781688

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Election Campaign Financing



\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.



Yes



No

9. Name and Address of Current Registered Agent

MULLER, ALBERTO
2655 COLLINS AVE
#1606
MIAMI BEACH FL 33140

10. Name and Address of New Registered Agent

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

TITLE PD
NAME LOPEZ CANI, FRANCISCO
STREET ADDRESS 1385 CORAL WAY, STE 201-D
CITY-ST-ZIP MIAMI FL 33145-2941

TITLE SB
NAME JOVER, FERNANDO
STREET ADDRESS 1385 CORAL WAY, STE 201-D
CITY-ST-ZIP MIAMI FL 33145-2941

TITLE TD
NAME MULLER, ALBERTO
STREET ADDRESS 1385 CORAL WAY, STE 201-D
CITY-ST-ZIP MIAMI FL 33145-2941

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/29/99 (305)859-2848

CR2E034 (11/98)