

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

PROFESSIONAL  
CORPORATION  
ANNUAL REPORT  
1999

FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

98-99 AR

FILED  
98 JUN 17 AM 9:54  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P 97000084991

1. Corporation Name

ESKIMO INTERNATIONAL, INC.

Principal Place of Business

Mailing Address

330 S.W. 27th Ave.  
Suite 502  
Miami, FL 33135

REINSTATEMENT 98-99  
DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10-1-97

4. FEI Number

59-3471022

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

□

\$5.00 May Be  
Added to Fees

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

□ Yes

X No

2. Principal Place of Business

2a. Mailing Address

21 330 S.W. 27th Ave.

Suite, Apt. #, etc.

22 502

City & State

23 Miami, FL 33135

Zip

Country

25 U.S.A.

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9. Name and Address of Current Registered Agent

Maria A. Gutian, Esq.  
330 S.W. 27th Ave.  
Suite 502  
Miami, FL 33135

81 Name

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

83 9000002914769-2

-06/24/99-01092-007

84 City

\*\*\*\*158.75 \*\*\*\*158.75

FL

85 Zip Code 75

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

Maria A. Gutian

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

5/12/99

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP

ARTURO LIMONTA PRESIDENT 1007 ABELL CIRCLE OVIEDO, FL 32765

TITLE NAME STREET ADDRESS CITY-ST-ZIP

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE NAME STREET ADDRESS CITY-ST-ZIP

OSCAR R. LIMONTA PRESIDENT 2642 COLLINS AVE. #410 MIAMI BEACH, FL 33140

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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

PRESIDENT

5/11/99

305-644-9111

Daytime Phone

CR2E034 (11/98)