


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

FILED
Apr 20, 1999 8:00 am
Secretary of State

04-20-1999 90150 003 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P98000060827

1. Corporation Name
AFRI PAC INC.

Principal Place of Business
2769 NW 36TH AVE
LAUDERDALE LAKES FL 33311-1823

Mailing Address
2769 NW 36TH AVE
LAUDERDALE LAKES FL 33311-1823

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/08/1998

4. FEI Number

65-0851582

Applied For

Not Applicable

5. Certificate of Status Desired

\$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 No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

ROGERS, HAZELLE
2769 NW 36TH AVE
LAUDERDALE LAKES FL 33311-1823

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		1.2 NAME	DIRECTOR (D) HAZELLE ROGERS
STREET ADDRESS		1.3 STREET ADDRESS	2769 N.W. 36 AVE
CITY-ST-ZIP		1.4 CITY-ST-ZIP	LAUDERDALE LAKES, FL. 33311
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	ERIC HAMMOND
STREET ADDRESS		2.3 STREET ADDRESS	4167 N. STATE RD 7
CITY-ST-ZIP		2.4 CITY-ST-ZIP	LAUDERDALE LAKES, FL. 33319
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	ALETHA Odom-Foxworth
STREET ADDRESS		3.3 STREET ADDRESS	1740 N.W. 47 AVE
CITY-ST-ZIP		3.4 CITY-ST-ZIP	LAUDERHILL, FL. 33313
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	DALE HOLNESS
STREET ADDRESS		4.3 STREET ADDRESS	4325 W. SUNRISE
CITY-ST-ZIP		4.4 CITY-ST-ZIP	PLANTATION FL. 33313
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	MARIA KONG-HOLNESS
STREET ADDRESS		5.3 STREET ADDRESS	1733 N.W. 38 AVE
CITY-ST-ZIP		5.4 CITY-ST-ZIP	LAUDERHILL, FL. 33311
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, with all other like empowered.

SIGNATURE:

Hazelle Rogers

4/16/99

(954) 485-6356

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/1/98)