


AND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # P98000086929 ✓ Corporation Name WOODLAND FOOD, INC.		

FILED
Sep 07, 1999 8:00 am
Secretary of State
09-07-1999 90012 020 ***550.00



Principal Place of Business 1 NORTHWEST 19 STREET LAUDERDALE FL 33311	Mailing Address 3081 NORTHWEST 19 STREET FT LAUDERDALE FL 33311
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 10/12/1998	
4. FEI Number APPLIED FOR	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> 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 owes the current year Intangible Personal Property. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent AMERILAWYER 343 ALMERIA AVENUE CORAL GABLES FL 33134		10. Name and Address of New Registered Agent	
81 Name	MOHAMMAD HAZIEN		
82 Street Address (P.O. Box Number is Not Acceptable)	3081 N.W. 19TH Street		
83			
84 City	FL. LAUD.	85 State	FL
		86 Zip Code	33311

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.

NATURE *[Signature]* (NOTE: Registered Agent signature required when reinstating) DATE

OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
ST ADDRESS	PSTD HAZIEN, ABEER A 3081 NORTHWEST 19 STREET FT LAUDERDALE FL 33311	1.1 TITLE	VICE-PRESIDENT
ST-ZIP		1.2 NAME	MOHAMMAD HAZIEN
		1.3 STREET ADDRESS	3081 NW 19TH ST.
		1.4 CITY-ST-ZIP	FT. LAUD. FL 33311
ST ADDRESS		2.1 TITLE	
ST-ZIP		2.2 NAME	
		2.3 STREET ADDRESS	
		2.4 CITY-ST-ZIP	
ST ADDRESS		3.1 TITLE	
ST-ZIP		3.2 NAME	
		3.3 STREET ADDRESS	
		3.4 CITY-ST-ZIP	
ST ADDRESS		4.1 TITLE	
ST-ZIP		4.2 NAME	
		4.3 STREET ADDRESS	
		4.4 CITY-ST-ZIP	
ST ADDRESS		5.1 TITLE	
ST-ZIP		5.2 NAME	
		5.3 STREET ADDRESS	
		5.4 CITY-ST-ZIP	
ST ADDRESS		6.1 TITLE	
ST-ZIP		6.2 NAME	
		6.3 STREET ADDRESS	
		6.4 CITY-ST-ZIP	

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: *[Signature]* MOHAMMAD HAZIEN 8-30-99 731-8491

CR2E034 (5/99)