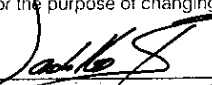
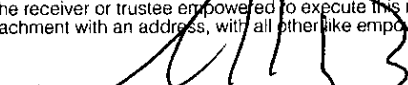


2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 04, 2001 8:00 am
Secretary of State
 04-04-2001 90021 015 ***150.00

DOCUMENT # P99000026076			
1. Entity Name International Quality Foods Corporation			
Principal Place of Business 16705 N.E. 19th Avenue Miami, Florida 33162		Mailing Address Same	
2. Principal Place of Business 3200 North Ocean Blvd.		3. Mailing Address Same	
Suite, Apt. #, etc. Unit 504		Suite, Apt. #, etc.	
City & State Ft. Lauderdale, FL		City & State	
Zip 33308	Country	Zip	Country
4. FEI Number 65-0905427		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent Alvaro Castillo B., Esquire 1390 Brickell Avenue, Suite 200 Miami, Florida 33131		7. Name and Address of New Registered Agent Name Alvaro Castillo B., Esquire Street Address (P.O. Box Number is Not Acceptable) 1390 Brickell Avenue Suite 200 City Miami FL Zip Code 33131	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE  3-20-01 <small>(NOTE: Registered Agent signature required when reinstating)</small>			
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/> (See criteria on back)		<div style="border: 1px solid black; padding: 5px; text-align: center;"> FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State </div>	
10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE D NAME STREET ADDRESS CITY-ST-ZIP	Alfredo Gomez 58 East 5th Street Hialeah, FL 33010 <input type="checkbox"/> Delete	TITLE P/D NAME STREET ADDRESS CITY-ST-ZIP	Alfredo Gomez 3200 North Ocean Boulevard; Unit 504 Ft. Lauderdale, FL 33308 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE VP/S NAME D STREET ADDRESS CITY-ST-ZIP	Paula Lopez 3200 North Ocean Boulevard, Unit 504 Ft. Lauderdale, FL 33308 <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE T/D NAME STREET ADDRESS CITY-ST-ZIP	Anamaria Gomez 3200 North Ocean Boulevard, Unit 504 Ft. Lauderdale, FL 33308 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: 		Alfredo Gomez - Director Date: 3/27/01 Dry Seal Number: 9547307770	

CR2E034 (11/00)