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

**PROFIT** CORPORATION



FLORIDA DEPARTMENT OF STATE

FILED Feb 09 1998 8:00am

AININ	1998		Secretary of State DIVISION OF CORPORATIONS			Secretary of State		
1. Corporation	MENT # VOS MPA BAY FOOD, INC	9100	(1)				- -	
Drive in a 1 Dia								
Principal Place of Business C/O SAKKIO JAPAN 95 ROYAL CREST CT. LINIT 5 MARKHAM ONTARIO L3R 9X5 CAN 33313			Mailing Address 95 ROYAL CREST CT UNIT 5 MARKHAM ON L3R 9-5 US			DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified  01/23/1992		
2. Principal P	Place of Business	2a. Ma	iling Address			4. FEI Number		pplied For
21		26	J			65-0313559	<del></del>	lot Applicable
Suite, Apt.	#, etc.	_	ite, Apt. #, etc.			5. Certificate of Status Desired		Additional
City & Stat	e	27	y & State			6. Election Campaign Financing		Required
23		28				Trust Fund Contribution		May Be to Fees
Zip	Country	, Zir	)	Country		8. This corporation owes or has p		
24	25 9. Name and Address o	f Current Registers	d Agent	30	<u> </u>	Personal Property Tax due Jun  10. Name and Address of New R		X No
W	ANG, MING C	Oditeit negistere	u Ageitt	81	Name		egistered Agent	
6299 W SUNRISE BLVD				82	Street Ad	EDDY CHOMPOONICH	ible)	
#207A					1	dress (P.O. Box Number is Not Accepts $1803$ NW $13\mathrm{TH}$ ST.		
SU	INRISE FL 33313			83				1
				84	City	PEMBROKE PINES	85 Zip	Code 3026
11. Pursuant	to the provisions of Sections.	\$67.0502 and 607.1	508. Florida Statut	es, the above	-named co		FL 33	its registered
office or r	registered agent, or both	he State of Florida. S	Such change was a ction 607.0505. Flo	authorized by orida Statutes	the corpor	rporation submits this statement for the ation's board of directors. I hereby acce	pt the appointment as	registered
SIGNATURE	1/2	mpl				$\sim$	NB/1998	
12.	Signature, typed or printed name of reg	Istered agent and title if app ERS AND DIRECTO		E. Registered Age	nt signature req	julied when reinstating) ADDITIONS/CHANGES TO OFFI	DATE DIRECTOR	90 th 12
TITLE	PD	End AND DIRECTO	DELETE	1,1 TITLE		ADDITIONS/CHANGES TO CALL	Change	Addition S
NAME	OLIONBOOKINGS EDDV		1.2 NAME	ł			_	
STREET ADDRESS	11803 NW 13TH ST		1,3 STREET	ADDRESS			ادُّا	
CITY - ST - ZIP	PEMBROKE PINES FL		· · · · · · · · · · · · · · · · · · ·	1,4 CITY-S	T-ZIP			
TITLE				2.1 TITLE			Change	Addition C
NAME	A DEPOLIC OF		2,2 NAME 2,3 STREET				ĺ	
STREET ADDRESS ( CITY-ST-ZIP	MARKHAM ON			2,3 SINEET	]			ì
TITLE			DELETE	3,1 TITLE	·		Change	Addition
NAME				3.2 NAME	1			ł
STREET ADDRESS				3,3 STREET	ADDRESS			]
CITY-ST-ZIP			DELETE	3.4. CITY - S	T-ZIP		Change	Addition
TITLE NAME			DECEIL	4.1 TITLE 4. 2 NAME	İ		☐ cuange	
STREET ADDRESS				4.3 STREET	ADDRESS			Ì
CITY-ST-ZIP				4.4 CITY - S			_	
TITLE			DELETE	5.1 TITLE			Change	Addition
NAME				5.2 NAME				)
STREET ADDRESS				5,3 STREET				
CITY-ST-ZIP TITLE			DELETE	5.4 CITY - S' 6.1 TITLE	- ZIP		Change	Addition
NAME				6.2 NAME			change	
STREET ADDRESS				6,3 STACET	ADDRESS .			
CITY-ST-ZIP				6.4 CITY - ST	i			
14. I hereby o	ertify that the information sug	plied with this filing	does not qualify for	r the exempl	ion stated in	n Section 119.07(3)(i), Florida Statutes.	further certify that the	information

Indicated on this annual report or supplied withy misting does not quality for the exemption stated in Section 1.19.07(3)(i), Florida Statutes. I further certify that the information indicated on this 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 of furtice 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 or an assection with an address.

SIGNATURE:

URE REQUIANTED CHIM

January 13, 1998

905-474-0710