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

FILED Mar 24 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # (8)556038 INTERCAN FOOD SALES, INC. Principal Place of Business Mailing Address 317 NEDBANK FORESHORE % WASTPERT AND KAUFMAN HEERENGRAGHT, CAPE TOWN 8012 9200 S. DADELAND BLVD., #614 DO NOT WRITE IN THIS SPACE SOUTH AFRICA MIAMI FL 33156 3. Date Incorporated or Qualified 01/01/1978 2. Principal Place of Business 2a. Mailing Address Applied For 21 59-1857234 Not Applicable Suite, Apt. #, etc Suite, Apt #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees Ζφ Country Zip Country 8. This corporation owes or has paid the current year Intangible 24 Yes 30 Personal Property Tax due June 30. 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name FERBER, CYRIL C/O WOLPERT AND KAUFMAN 82 Street Address (P.O. Box Number is Not Acceptable) 9200 S. DADELAND BLVD. #614 83 MIAMI FL 33156 64 City 85 Zip Code 11. Pursuant to the provisions of Sections 607.05.02 and 607.15.08, 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 607.05.05, Florida Statutes. SIGNATURE Signature, typed or proted carrie of registered agent and little if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. PTSD DELETE Change Addition 1.1 TITLE TITLE FERBER, C.S. 1.2 NAME NAME 9200 S. DADELAND BLVD. #614 1.3 STREET ADDRESS STREET ADDRESS **MIAMI FL 33156** CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition 2.1 TITLE TITLE 2.2 NAME NAME STREET ADDRESS 2.3 STREET ADDRESS 2. 4 CITY-ST-ZIP CITY-ST-7IP DELETE Change Addition TITLE 3.1 TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS CITY - ST - ZIP 3.4. CITY-ST-ZIP DELETE Addition 4.1 TITLE TITLE 4. 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition 5.1 TITLE TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP

DELETE

TITLE NAME

STREET ADDRESS

SIGNATURE: X

61 TITLE

6.2 NAME

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP 14. Thereby certify that the information supplied with this filling 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 suppliemental 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 preventies 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.

Change

3-3-98 X

305-670-

1572

Addition