

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

**FILED**  
**May 15 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
--	---	---

**DOCUMENT # P95000013300 (5)**  
 1. Corporation Name  
**WHITE LION FOODS, INC.**



Principal Place of Business <b>55 N. COUNTY LINE RD.                  SUITE 7                  JACKSON NE 08527                  US</b>	Mailing Address <b>4431 S.W. 64TH AVENUE, SUITE 119                  DAVIE FL 33314</b>
--	--

DO NOT WRITE IN THIS SPACE

<b>2.</b> Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	<b>2a.</b> Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
--	---

<b>3.</b> Date Incorporated or Qualified <b>02/16/1995</b>	
<b>4.</b> FEI Number <b>65-0566441</b>	Applied For <input type="checkbox"/> Not Applicable
<b>5.</b> Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
<b>6.</b> Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
<b>8.</b> This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

**9. Name and Address of Current Registered Agent**

**HENDERSON, GLENN C  
 4431 S.W. 64TH AVENUE  
 SUITE 119  
 DAVIE FL 33314**

**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 fee applicant)  
 \_\_\_\_\_ (Name of Registered Agent Signature required when reinstating)  
 DATE \_\_\_\_\_

**12. OFFICERS AND DIRECTORS**

TITLE	D	<input type="checkbox"/> DELETE	NAME	WANZEL, CYNTHIA L	STREET ADDRESS	3741 SUNNY ISLES BLVD. SUITE 126	CITY-ST-ZIP	SUNNY ISLES FL 33160
TITLE	S	<input checked="" type="checkbox"/> DELETE	NAME	QUINTERO, SERGIO	STREET ADDRESS	2843 S.W. 32ND CT.	CITY-ST-ZIP	MIAMI FL
TITLE		<input type="checkbox"/> DELETE	NAME		STREET ADDRESS		CITY-ST-ZIP	
TITLE		<input type="checkbox"/> DELETE	NAME		STREET ADDRESS		CITY-ST-ZIP	
TITLE		<input type="checkbox"/> DELETE	NAME		STREET ADDRESS		CITY-ST-ZIP	

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Wanzel, Cynthia L.
2.3 STREET ADDRESS	3741 Sunny Isles Blvd Suite 126
2.4 CITY-ST-ZIP	Sunny Isles Fl. 33160
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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.

SIGNATURE: *Cynthia L. Wanzel*

*4-21-98*

CF2E034 (10/97)