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FILED
May 14, 1999 8:00 am
Secretary of State

05-14-1999 90009 035 ***300.00



PROFIT CORPORATION
 ANNUAL REPORT
 1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **K94305**

1. Corporation Name
XTRA OLIVES, INC.

Principal Place of Business
**1051 NW 14TH STREET
 MIAMI FL 33136
 US**

Mailing Address
**1051 NW 14TH STREET
 130
 MIAMI FL 33136
 US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25

29 30

3. Date Incorporated or Qualified

06/12/1989

4. FEI Number

65-0129378

Applied For
 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent

**FRANKEL, STUART
 2100 NE 211 TERRACE
 NORTH MIAMI BEACH FL 33179**

10. Name and Address of New Registered Agent

81 Name **HARA FRANKEL**
 82 Street Address (P.O. Box Number is Not Acceptable) **1051 NW 14 ST #130**
 83
 84 City **MIAMI** FL 85 Zip Code **33136**

11. Pursuant to the provisions of Sections 607.0702 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]*
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE **4/28/99**

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP
PD	FRANKEL, STUART	2100 NE 211 TERRACE	NORTH MIAMI BEACH FL				
VST	FRANKEL, HARA	2100 NE 211 TERRACE	NORTH MIAMI BEACH FL				

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, with all other like empowered.

SIGNATURE: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **4/28/99**

Daytime Phone #

CR2E034 (1/98)