

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L96405

(0)

1. Corporation Name

SPICES, RICES AND OTHER VICES, INC.



Principal Place of Business

200 S.E. 1ST STREET
STE. 703
MIAMI FL 33131

Mailing Address

200 S.E. 1ST STREET
STE. 703
MIAMI FL 33131

2. Principal Place of Business

21

State, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

State, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

KLINGHOFFER TEDDY D ESO
STEARNS WEAVER MILLER ET AL
150 W FLAGLER ST, STE 2200
MIAMI FL 33130

3. Date Incorporated or Qualified

08/06/1990

3a. Date of Last Report

09/27/1995

4. FEI Number

APPLIED FOR 65-0611766

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 has liability for intangible tax under s. 199.032
Florida Statutes ☐ Yes ☒ No

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 607.0602 and 607.1505, 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 607.0605, Florida Statutes.

SIGNATURE

Signature of the person who is authorized to execute this report on behalf of the corporation

Signature of the person who is authorized to execute this report on behalf of the corporation

Date

12. OFFICERS AND DIRECTORS

1. TITLE

D
PENZELL, BEVERLY J.
151 SE 14TH TER
MIAMI FL

☐ DELETE

NAME

STREET ADDRESS

CITY, ST, ZIP

2. TITLE

D
RABINOWITZ, MARCIA K.
5601 COLLINS AVE #PH1
MIAMI BEACH FL

☐ DELETE

NAME

STREET ADDRESS

CITY, ST, ZIP

3. TITLE

D
SIMKIN, JACQUELINE
200 SE FIRST ST #703
MIAMI FL

☐ DELETE

NAME

STREET ADDRESS

CITY, ST, ZIP

4. TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY, ST, ZIP

5. TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY, ST, ZIP

6. TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY, ST, ZIP

13. ADDITIONS-CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE

☐ Change ☐ Addition

2. NAME

3. STREET ADDRESS

4. CITY, ST, ZIP

5. TITLE

☐ Change ☐ Addition

6. NAME

7. STREET ADDRESS

8. CITY, ST, ZIP

9. TITLE

☐ Change ☐ Addition

10. NAME

11. STREET ADDRESS

12. CITY, ST, ZIP

13. TITLE

☐ Change ☐ Addition

14. NAME

15. STREET ADDRESS

16. CITY, ST, ZIP

17. TITLE

☐ Change ☐ Addition

18. NAME

19. STREET ADDRESS

20. CITY, ST, ZIP

21. TITLE

☐ Change ☐ Addition

22. NAME

23. STREET ADDRESS

24. CITY, ST, ZIP

14. I do hereby certify that the information supplied with this report voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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, and that I am a resident of the State of Florida. I am authorized to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report, or on an after amendment with an address.

SIGNATURE:

Jacqueline Simkin
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 10, 1996 305370777

CR2E034 (12/95)