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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P96000048780**

1. Corporation Name

SIBONE	Y CITRUS, INC.		-				
						<u>ran adam dibah idik idaa</u>	# (8411 95 11 48 9 1
Principal Place		Mailing Address					
1615-NVIEW [DRIVE	4 1615 N. VIEW DRIVE					ur jen
MIAMI BEACH FL 33140 MIAMI BEACH FL 33140					DO NOT WRITE IN THIS SPACE		
WILLIAM CONTACT OF THE CONTACT OF TH					3. Date Incorporated or Qualifed	•	_
					06/07/1996		
2. Principal Pl	Principal Place of Business Za. Mailing Address				4. FEI Number	Ar	pplied For
21					<u>65-0785261</u>		ot Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.					5. Certificate of Status Desired		Additional
22 27							equired
City & State City & State				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees			
23		28	0	 	Trust Fund Contribution		to Fees
—, Žip	Country	Zip r	Country	<i>y</i>	8. This corporation owes the current	year Intangible	□No
24	25		30		Personal Property Tax. 10. Name and Address of New Reg		
	9. Name and Address of Curre	ent Registereu Agent	81	Name	10. Halle and Address of Hew Roy	0.01000.18011	
CAR	ABALLO, NICHOLAS			_		 	
1615 N. VIEW DRIVE			82	Street Ad	ddress (P.O. Box Number is Not Acceptable))
#1			83	-			-
MIAMI BEACH FL 33140			"				
			84	84 City FL 85 Zip Code			Code
agent. I a	egistered agent, or both, in the Statem familiar with, and accept the oblig	gations of, Section-607:0505, Flor	ida Statute:	S: 3.	ation's board of directors. I hereby accept th	DATE	· · ·
12.		AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTO	
TITLE	–		1.1 TITLE			☐ Change	☐ Addition
NAME	CARABALLO, JOSE R		1.2 NAME				
STREET ADDRESS	1615 N. VIEW DRIVE, #1		1.3 STREE	T ADDRESS			
CITY-ST-ZIP	MIAMI BEACH FL 33140		1.4 C/TY-5	ST-ZIP			
TITLE	DELETE 2.11		2.1 TITLE			☐ Change	Addition \
NAME	22		2.2 NAME			•	ļ
STREET ADDRESS	:SS 2:		2.3 STREE	TADDRESS			
CITY-\$T-ZIP			2. 4 CITY-	ST-ZIP			
TITLE	_ 1		3,1 TITLE	-		☐ Change	- Addition
NAME			3.2 NAME	- [
STREET ADDRESS	1			ET ADDRESS			
CITY-\$T-ZIP			3.4. CITY-	ST-ZIP		Change	☐ Addition
TITLE			4.1 TITLE	.		Change	Addition
NAME			4. 2 NAME				
STREET ADDRESS				TADDRESS			
- CITY-ST-ZIP		DELETE	4.4 CITY-1	ST-ZIP		Change	Addition
TITLE		□ DETE1E	5.1 TITLE 5.2 NAME	1			
NAME :			1	ET ADDRESS	• , .		
STREET ADDRESS			5.4 CITY-		• • • •		į ,
CITY-ST-ZIP		. DELETE	6.1 TITLE	J. ZEF		☐ Change	Addition
TITLE		, LI DELLE IE	6.2 NAME			ngv	
NAME CTREET ADORESC	. "			ET ADDRESS			İ

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 arrestatement with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

305-674-0332