

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

**FILED**  
**May 05, 1999 8:00 am**  
**Secretary of State**

05-05-1999 90116 032 \*\*\*150.00

PROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



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

**DOCUMENT # P96000068956**

1. Corporation Name  
**FRANCY BABY FOOD CENTER II, CORP.**



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
 4550 WEST 12TH AVENUE  
 HIALEAH FL 33012

Mailing Address  
 4151 NW 135 ST  
 OPA LOCKA FL 33054  
 US

3. Date Incorporated or Qualified  
**08/19/1996**

21	22	23	24	25	26	27	28	29	30
2. Principal Place of Business		2a. Mailing Address		21		26		22	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		City & State		City & State		Zip	
Country		Country		Country		Country		Country	

4. FEI Number  
**65-0700968**

Applied For  
 Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Election Campaign Financing  **\$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

**DE LA TORRE, FRANCISCA**  
**4550 WEST 12TH AVENUE**  
**HIALEAH FL 33012**

10. Name and Address of New Registered Agent

81 Name  
 82 Street Address (P.O. Box Number is Not Acceptable)  
**20054 NW 65 ST**  
 83  
 84 City **MIAMI** FL 85 Zip Code **33015**

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 *Francisca de la Torre* DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PSTD <input type="checkbox"/> DELETE	1.1 TITLE	<b>Pres &amp; Sec &amp; Treas</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DE LA TORRE, FRANCISCA</b>	1.2 NAME	
STREET ADDRESS	<b>4550 WEST 12TH AVENUE</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>HIALEAH FL 33012</b>	1.4 CITY-ST-ZIP	
TITLE	<b>S</b> <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PEREZ, OSVALDO</b>	2.2 NAME	
STREET ADDRESS	<b>1421 37TH ST</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>HIALEAH FL 33012</b>	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, with all other like empowered.

SIGNATURE: *Francisca de la Torre*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-29-99 (305) 821-4479  
 Date Daytime Phone #

CR2E034 (1/198)