

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

FILED  
May 22 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P96000087571 (1)

1. Corporation Name

MARVELOUS FLAVORS, INC.



Principal Place of Business

Mailing Address

3309 NW 7TH STREET  
MIAMI FL 33125

3309 NW 7TH STREET  
MIAMI FL 33125-4103

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

VILLANOBOS, RODRIGO  
5800 SW 127TH AVENUE  
STE 2216  
MIAMI FL 33183

81 Name Carmen Maria Orantes  
82 Street Address (P.O. Box Number is Not Acceptable) 5800 S.W. 127 Ave.  
83 # 2216  
84 City MIAMI FL 85 Zip Code 33183

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

Carmen Maria Orantes

Carmen Maria Orantes

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ DELETE  
NAME Carmen Maria Orantes  
STREET ADDRESS 5800 SW 127th Ave. 2216  
CITY-ST-ZIP Miami, FL 33183  
12 TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
13 TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
14 TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
15 TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
16 TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11 TITLE ☐ Change ☐ Addition  
NAME President  
12 NAME Treasurer  
13 STREET ADDRESS Secretary  
14 CITY-ST-ZIP  
21 TITLE ☐ Change ☐ Addition  
22 NAME  
23 STREET ADDRESS  
24 CITY-ST-ZIP  
31 TITLE ☐ Change ☐ Addition  
32 NAME  
33 STREET ADDRESS  
34 CITY-ST-ZIP  
41 TITLE ☐ Change ☐ Addition  
42 NAME  
43 STREET ADDRESS  
44 CITY-ST-ZIP  
51 TITLE ☐ Change ☐ Addition  
52 NAME  
53 STREET ADDRESS  
54 CITY-ST-ZIP  
61 TITLE ☐ Change ☐ Addition  
62 NAME  
63 STREET ADDRESS  
64 CITY-ST-ZIP

14. I do 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:

Carmen Maria Orantes

April 19/97 (305) 386-6443

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (9/96)