

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

APPROVED
AND
FILED

96 MAY -1 PM 2:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 337381 (8)

1. Corporation Name

LIBORIO SPICES AND PRODUCTS INC



Principal Place of Business

Mailing Address

1036 S.W. 1 ST.
MIAMI FL 33130

1036 S.W. 1 ST.
MIAMI FL 33130

2. Principal Place of Business

21 2300 CORAL WAY
Suite Apt. #, etc

22

City & State

23 MIAMI FLORIDA

Zip

24 33145

Country

25 US

2a. Mailing Address

26 2300 CORAL WAY
Suite, Apt. #, etc

27

City & State

28 MIAMI FLORIDA

Zip

29 33145

Country

30 US

3. Date Incorporated or Qualified

11/05/1968

3a. Date of Last Report

04/27/1995

4. FEI Number

59-1266132

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

9. Name and Address of Current Registered Agent

FLORIDA ANNUAL REPORT SERVICES INC
1036 S.W. 1 ST.
MIAMI FL 33130

81 Name
FLORIDA ANNUAL REPORT SERVICES INC.

82 Street Address (P.O. Box Number is Not Acceptable)
2300 CORAL WAY SUITE # 200

83

84 City
MIAMI

FL

85 Zip Code
33145

11. Pursuant to the provisions of Sections 607.0502 and 607.1509, 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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

AMADA CANTERA LOPEZ, PRES

Date

12. OFFICERS AND DIRECTORS

TITLE PD
NAME TOJEIRO, GLADYS
STREET ADDRESS 1359 NW 23RD STREET
CITY-ST-ZIP MIAMI FL ☐ DELETE

TITLE SD
NAME TOJEIRO, JAIME
STREET ADDRESS 1359 NW 23RD STREET
CITY-ST-ZIP MIAMI FL ☐ DELETE

TITLE TD
NAME TOJEIRO, JAIME, JR.
STREET ADDRESS 1359 NW 23RD STREET
CITY-ST-ZIP MIAMI FL ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE ☐ Change ☐ Addition
2. NAME
3. STREET ADDRESS
4. CITY-ST-ZIP ☐ Change ☐ Addition

2. TITLE ☐ Change ☐ Addition
22. NAME
23. STREET ADDRESS
24. CITY-ST-ZIP ☐ Change ☐ Addition

3. TITLE ☐ Change ☐ Addition
32. NAME
33. STREET ADDRESS
34. CITY-ST-ZIP ☐ Change ☐ Addition

4. TITLE ☐ Change ☐ Addition
42. NAME
43. STREET ADDRESS
44. CITY-ST-ZIP ☐ Change ☐ Addition

5. TITLE ☐ Change ☐ Addition
52. NAME
53. STREET ADDRESS
54. CITY-ST-ZIP ☐ Change ☐ Addition

6. TITLE ☐ Change ☐ Addition
62. NAME
63. STREET ADDRESS
64. CITY-ST-ZIP ☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

Signature and Typed or Printed Name of Signing Officer or Director
JAIME TOJEIRO

4/29/96
Date

Day/Month/Year

CR2E034 (12/95)