

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

**FILED**  
**May 10, 1999 8:00 am**  
**Secretary of State**

05-10-1999 90226 020 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT <b>1999</b>	FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT #** P98000056273

1. Corporation Name

MULTIPLE INGREDIENTS AND MUCH IMAGINATION, INC

Principal Place of Business	Mailing Address
5963 BISCAYNE BLVD	
MIAMI, FL. 33137	

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/24/1998

4. FEI Number

65-0850495

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 owes the current year Intangible Personal  
Property Tax.

☐

Yes

☒

No

2. Principal Place of Business

21 8362 N.W. 68TH STREET

Suite, Apt. #, etc.

22

City & State

23 MIAMI, FL.

Zip

24 33166-2655

Country

25 USA

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

29

Country

30

9. Name and Address of Current Registered Agent

TORRELLA, RAFAEL  
1525 S.W. 84TH COURT  
MIAMI, FL 33144

10. Name and Address of New Registered Agent

81 Name

JULIAN LINARES

82 Street Address (P.O. Box Number is Not Acceptable)

5963 BISCAYNE BLVD.

83

84 City  
MIAMI

FL

85 Zip Code  
33137

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Ap. 29.99

12. OFFICERS AND DIRECTORS

TITLE	D, P	<input checked="" type="checkbox"/> DELETE
NAME	TORRELLA RAFAEL	
STREET ADDRESS	1525 S.W. 84TH COURT	
CITY - ST - ZIP	MIAMI, FL. 33144	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D, P, S.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	JULIAN LINARES	
1.3 STREET ADDRESS	1717 N. BAYSHORE DRIVE # 1055	
1.4 CITY - ST - ZIP	MIAMI, FL. 33132-1149	

2.1 TITLE	D, VP, T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	JOSE M MARTINEZ	
2.3 STREET ADDRESS	466 S.W. 22ND ROAD	
2.4 CITY - ST - ZIP	MIAMI, FL. 33129-1914	

3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		

4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		

5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		

6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #