

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

APPROVED
AND
FILED

99 APR -9 AM 10:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

- 3. Date Incorporated or Qualified: **11/05/1968**
- 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 owes the current year full weight Personal Property Tax: Yes No
- 10. Name and Address of New Registered Agent

PROFIT CORPORATION ANNUAL REPORT 1999

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



DOCUMENT # **337381**
1. Corporation Name
LIBORIO SPICES AND PRODUCTS INC

Principal Place of Business: **2300 CORAL WAY #200 MIAMI FL 33145**
Mailing Address: **2300 CORAL WAY #200 MIAMI FL 33145**

21. Principal Place of Business	22a. Mailing Address
21 2300 CORAL WAY Suite, Apt. #, etc.	26 2300 CORAL WAY Suite, Apt. #, etc.
22 SUITE #200 City & State	27 SUITE #200 City & State
23 MIAMI, FLORIDA Zip Country	28 MIAMI, FLORIDA Zip Country
24 33145 25 U.S.	29 33145 30 U.S.

9. Name and Address of Current Registered Agent
**FLORIDA ANNUAL REPORT SERVICES INC
2300 CORAL WAY #200 MIAMI FL 33145**

81 Name
82 Street Address (P.O. Box Numbers Not Acceptable)
83
84 City
FL 85 Zip Code

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]* **AMADA CANTERA LOPEZ, PRES.** 3/27/99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	
NAME	TOJEIRO, GLADYS	12 NAME	
STREET ADDRESS	3080 S.W. 111 AVENUE	13 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33165	14 CITY-ST-ZIP	
TITLE	SD	21 TITLE	
NAME	TOJEIRO, JAIME	22 NAME	
STREET ADDRESS	3080 S.W. 111 AVENUE	23 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33165	24 CITY-ST-ZIP	
TITLE	TD	31 TITLE	
NAME	TOJEIRO, JAIME JR	32 NAME	
STREET ADDRESS	3080 S.W. 111 AVENUE	33 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33165	34 CITY-ST-ZIP	
TITLE		41 TITLE	
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

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***150.00 ***150.00

[Handwritten initials]

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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]* 3/29/99

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