Applied For

Not Applicable

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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Feb 19, 1999 8:00 am Secretary of State

02-19-1999 90078 050 ***150.00

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	tele alle, bill alati ele:	II 91911 BIBAI BIBIT BIBII 1691

DOCUMENT # 417465 1. Corporation Name

BADIA SPICES, INC.

Principal Place of Business

2. Principal Place of Business

519 S.W. 71ST AVENUE MIAMI FL 33144

21

Mailing Address

519 S.W. 71ST AVENUE MIAMI FL 33144

2a. Mailing Address

26

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualifed

01/26/1973

59-1435632

4. FEI Number

Suito Ant	# nto	Cuita Ant # ata				60	76		
22	Suite, Apt. #, etc. Suite, Apt. #, etc				5. Certifcate of Status Desired		. 75 Add ee Requ		
City & State	City & State City & State				6. Election Campaign Financing		.00 м	ov Po	
23		28			Trust Fund Contribution		dded to		
Zip	Country	Zip	Country		8. This corporation owes the curr	ent year Intengible			
24	25	29	30		Personal Property Tax.	Yes	s []No	
	9. Name and Address of Current	Registered Agent	· [10. Name and Address of New F	Registered Agent			
BADIA, NANCY 3529 W FAIRVIEW ST COCONUT GROVE FL 33133		81	Name						
			•						
		82	82 Street Address (P.O. Box Number is Not Acceptable)						
COCONOT GROVE LE 03103		83							
-		84	City		85	Zip Cod	10		
			"	Oity		FL ST	Z.p 000		
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 re	egistered agent, or both, in the State of m familiar with, and accept the obligation	Florida, Such change was aut	thorized by	the corporation	i's board of directors. I hereby accep	at the appointment	as regis	tered	
_	in familiar with, and accept the obligation	113 01, 050001 001.0000, 1 1011	aa Otatulos	•					
SIGNATURE	Signature, typed or printed name of registered agent a	nd title if applicable /MOTE - F	Panistered Aner	t signature required v	when reinstating)	DATE			
12.	OFFICERS AND		13.	r arginulara roquilou v	ADDITIONS/CHANGES TO OF		CTORS	S IN 12	
TITLE	P	☐ DELETE	1.1 TITLE			☐ Ch:		Addition	
NAME	BADIA, JOSEPH A.		1.2 NAME			, -···	9-		
			1					ļ	
STREET ADDRESS	3529 W. FAIRVIEW ST.		1.3 STREET		•				
CITY-ST-ZIP	COCONUT GROVE FL		1.4 CITY-S	r- ZIP					
TITLE	SVP	☐ DELETE	2.1 TITLE			☐ Cha	ange	☐ Addition	
NAME	FREDRIKSEN-BADIA, NANCY		2.2 NAME						
STREET ADORESS	3529 W. FAIRVIEW ST.		2.3 STREET	ADDRESS					
CITY-ST-ZIP	COCONUT GROVE FL		2. 4 CITY-S	T-ZIP					
TITLE		DELETE	3.1 TITLE			□ Chi	ange	☐ Addition	
NAME			3.2 NAME		Ž.			ł	
STREET ADDRESS			3.3 STREET	ADDRESS				\	
CITY-ST-ZIP			3.4. CITY-S	T-ZIP					
TITLE		☐ DELETE	4.1 TITLE			☐ Cha	ange	Addition	
NAME			4. 2 NAME			• .			
STREET ADDRESS			4.3 STREET	ADDRESS				1	
CITY-ST-ZIP			4.4 CITY-ST	-ZIP					
TITLE		☐ DELETE	5.1 TITLE		· · · · · · · · · · · · · · · · · · ·	Cha	ange	☐ Addition	
NAME			5.2 NAME			•		Ì	
STREET ADDRESS.			5.3 STREET	ADDRESS				}	
CITY-ST-ZIP	·		5.4 CITY-ST	-ZIP		• .			
TITLE		☐ DELETE	6.1 TITLE			· 🔲 Cha	ınge	Addition	
NAME			6.2 NAME			•			
STREET ADDRESS			6.3 STREET	ADDRESS					
CITY-ST-ZIP			6.4 CITY-S1	-ZIP	•				

I hereby certify that the information supplied with this fling 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 endowered to execute this report as required by Chapter 607. Florida Statutes; and that my name appears in Block 12 or Block 13 if changet, or on an attachment with an address, with all other like suppowered.

SIGNATURE:

J. 22-99

305.266.0533