

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
Mar 29, 1999 8:00 am
Secretary of State

03-29-1999 90010 040 ***150.00

DOCUMENT # F97000002368

1. Corporation Name

SWEETS FROM HEAVEN U.S.A., INC.

Principal Place of Business

1830 FORBES AVE.
PITTSBURG PA 15219

Mailing Address

1830 FORBES AVE.
PITTSBURG PA 15219

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/05/1997

4. FEI Number

23-2886310

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 Suite, Apt. #, etc.

22 City & State
PITTSBURGH, PA

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State
PITTSBURGH, PA

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is 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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE
NAME LANDO, MARK
STREET ADDRESS 1830 FORBES AVE.
CITY-ST-ZIP PITTSBURG PA 15219

TITLE DC ☐ DELETE
NAME DAVIDOFF, LAWRENCE
STREET ADDRESS 1830 FORBES AVE.
CITY-ST-ZIP PITTSBURG PA 15219

TITLE TD ☐ DELETE
NAME FINGER, RONNIE
STREET ADDRESS 3405 NW 59TH ST
CITY-ST-ZIP BOCA RATON FL 33496

TITLE D ☐ DELETE
NAME MARKS, DARIN
STREET ADDRESS 1830 FORBES AVE.
CITY-ST-ZIP PITTSBURG PA 15219

TITLE D ☐ DELETE
NAME LANDO, ROBERT
STREET ADDRESS 1830 FORBES AVE.
CITY-ST-ZIP PITTSBURG PA 15219

TITLE SD ☐ DELETE
NAME DAVIDOFF, BRIAN L
STREET ADDRESS 1900 AVE OF THE STARS #2700
CITY-ST-ZIP LOS ANGELES CA 90067

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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

3-22-99

Date

412-434-6711

Daytime Phone #

CR2E034 (11/98)