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CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Northam  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 JAN 13 AM 9:04

DOCUMENT # **G69215**

(3)

1. Corporation Name

**FLORIDA AROMATIC, INC.**

Principal Place of Business

1690 W. 40TH STREET  
% FRANCISCO RIVERO  
HIALEAH FL 33012

Mailing Address

1690 W. 40TH STREET  
% FRANCISCO RIVERO  
HIALEAH FL 33012

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/04/1983

3a. Date of Last Report

05/11/1994

4. FEI Number

59-2312311

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

2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

22

City & State

27

Zip

Country

23

Zip

Country

28

29

9. Name and Address of Current Registered Agent

RIVERO, FRANCISCO  
1690 W 40 ST  
HIALEAH FL 33012

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 the corporation

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY, ST, ZIP

DP  
RIVERO, FRANCISCO  
3655 W 16TH AVE BAY 27  
HIALEAH, FL 00000

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY, ST, ZIP

D  
RIVERO, BELKIS  
3655 W. 16TH AVE, BAY 27  
HIALEAH FL

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY, ST, ZIP

D  
RIVERO, JORGE  
3655 W. 16TH AVE, BAY 27  
HIALEAH FL

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY, ST, ZIP

D  
RIVERO, MAYRA  
3655 W. 16TH AVE, BAY 27  
HIALEAH FL

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY, ST, ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY, ST, ZIP

7.1 TITLE

7.2 NAME

7.3 STREET ADDRESS

7.4 CITY, ST, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1 TITLE

13.2 NAME

13.3 STREET ADDRESS

13.4 CITY, ST, ZIP

☐ Change

☐ Addition

21.1 TITLE

21.2 NAME

21.3 STREET ADDRESS

21.4 CITY, ST, ZIP

☐ Change

☐ Addition

31.1 TITLE

31.2 NAME

31.3 STREET ADDRESS

31.4 CITY, ST, ZIP

☐ Change

☐ Addition

41.1 TITLE

41.2 NAME

41.3 STREET ADDRESS

41.4 CITY, ST, ZIP

☐ Change

☐ Addition

51.1 TITLE

51.2 NAME

51.3 STREET ADDRESS

51.4 CITY, ST, ZIP

☐ Change

☐ Addition

61.1 TITLE

61.2 NAME

61.3 STREET ADDRESS

61.4 CITY, ST, ZIP

☐ Change

☐ Addition

14. I hereby certify that the information supplied with this filing is voluntarily furnished and shown not qualify for the exemption stated in Section 119 (17C)(9)(b), 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 manager or holder empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 (Change), or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/7/95

Exempt From