


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

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Feb 24, 1999 8:00 am
Secretary of State

02-24-1999 90045 026 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # G69215			
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	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29	
9. Name and Address of Current Registered Agent RIVERO, JUAN C 271 W 42 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____</small>			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE DP <input checked="" type="checkbox"/> DELETE NAME RIVERO, FRANCISCO STREET ADDRESS 3655 W 16TH AVE BAY 27 CITY-ST-ZIP HIALEAH, FL 00000		1.1 TITLE DP <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME RIVERO, JUAN C 1.3 STREET ADDRESS 366 W. 35 ST. 1.4 CITY-ST-ZIP HIALEAH, FL. 33012	
TITLE D <input type="checkbox"/> DELETE NAME RIVERO, BELKIS STREET ADDRESS 3655 W. 16TH AVE, BAY 27 CITY-ST-ZIP HIALEAH FL		2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	
TITLE D <input type="checkbox"/> DELETE NAME RIVERO, JORGE STREET ADDRESS 3655 W. 16TH AVE, BAY 27 CITY-ST-ZIP HIALEAH FL		3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	
TITLE D <input type="checkbox"/> DELETE NAME RIVERO, MAYRA STREET ADDRESS 3655 W. 16TH AVE, BAY 27 CITY-ST-ZIP HIALEAH FL		4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS 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	
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS 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	

SIGNATURE: _____

Date

1/11/98

(305) 556-4151
Daytime Phone #

CR2E034 (11/98)