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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.

FILED Feb 24, 1999 8:00 am Secretary of State

02-24-1999 90045 026 ***150.00



Mailing Address Principal Place of Business 1690 W. 40TH STREET 1690 W. 40TH STREET % FRANCISCO RIVERO % FRANCISCO RIVERO DO NOT WRITE IN THIS SPACE HIALEAH FL 33012 HIALEAH FL 33012 3. Date Incorporated or Qualifed 10/04/1983 2a. Mailing Address 4. FEI Number -Applied For 2. Principal Place of Business 59-2312311 Not Applicable 26 21 Suite, Apt. #, etc. \$8.75 Additional Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Added to Fees Trust Fund Contribution 23 28 Country 8. This corporation owes the current year Intangible Zip Country Zio □No Personal Property Tax. 29 30 24 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 RIVERO, JUAN C Street Address (P.O. Box Number is Not Acceptable) 271 W 42 ST HIALEAH FL 33012 84 City 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applica ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. ☐ Change Addition DELETE 1.1 TITLE TITLE RIVERD, JUAN C RIVERO, FRANCISCO 1.2 NAME NAME 366 W. 35 ST. 3655 W 16TH AVE BAY 27 1.3 STREET ADDRESS STREET ADDRESS HIALEAH, FI. 33012 HIALEAH, FL 00000 1.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition DELETE 2.1 TITLE TITLE RIVERO, BELKIS 2.2 NAME NAME 3655 W. 16TH AVE, BAY 27 2.3 STREET ADDRESS STREET ADDRESS HIALEAH FL 2.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition DELETE 3.1 TITLE TITLE RIVERO, JORGE 3.2 NAME NAME 3655 W. 16TH AVE, BAY 27 3.3 STREET ADDRESS STREET ADDRESS HIALEAH FL 3.4. CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 4.1 TITLE TITLE RIVERO, MAYRA 4. 2 NAME NAME 3655 W. 16TH AVE, BAY 27 4.3 STREET ADDRESS STREET ADDRESS HIALEAH FL 4.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition □ DELETE 51700 F TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP ☐ DELETE 6.1 TITLE Change Addition TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing looes 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 hat 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 employered 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 or other like empowered

SIGNATURE:

CITY-ST-ZIP

CR2E034 (11/98)