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

PROFIT.: CORPORATION ANNUAL REPORT 1999

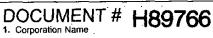


FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## FILED May 04, 1999 8:00 am Secretary of State 05-04-1999 90040 014 \*\*\*158.75



FLORIDA BABY FOOD CENTER, INC.

Principal Place	e of Business	Mailing Address				*	•	
345 NE 37TH STREET 245 NE 37TH STREET								
IIAMI FL 33137 MIAMI FL 33137								
US US						DO NOT WRITE IN THIS	SPACE	
	• ,					3. Date Incorporated or Qualifed		}
•						12/12/1985		
2. Principal Place of Business 2a. Mailing Address						4. FEI Number		Applied For
<b>1</b>	- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	26				59-2608223		Not Applicable
Suite, Apt.	# etc.	Suite, Apt. #, etc.					\$8.7	5 Additional
2		27				5. Certifcate of Status Desired	Fee	Required
City & State City & State						6. Election Campaign Financing	\$5.0	0 May Be
1	<del></del>					Trust Fund Contribution	• -	ed to Fees
3 /	Country	Zip Cour				<del></del>		30 101 000
ZID	Country	<b>⊢</b> `	h			8. This corporation owes the current year Intangible		
4	25 29 30		30	<del></del>		Personal Property Tax.		
	9. Name and Address of Curren	t Registered Agent		81	Nama	10. Name and Address of New Registered	-yent	
, 50.5	TO L. LEOTOD		İ	81	Name		:	
	RA, VICTOR		ŀ	82	Street Add	dress (P.O. Box Number is Not Acceptable)		
•	NE 37TH STREET		İ			`		
MIAI	VI FL 33137		ļ	83				7
•			[					
				84	City	FL	85  Z	ip Code
	60-6-607-050	0 1 507 4500 Florida State	- <u> </u>		nomod and	poration submits this statement for the purpose of	changing	its registered
office or r	egistered agent, or both, in the State i	of Florida. Such change was a	uthonzed	by th	named com	tion's board of directors. I hereby accept the appoint	tment as	registered
agent. I a	m familiar with, and accept the obliga-	tions of, Section 607.0505, Flo	rida Statu	ites.		•	:	
SIGNATURE					_			
	Signature, typed or printed name of registered agen			Agent s	signature requir	red when reinstating) DATE		
12.		D DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AN		
TITLE	PD	☐ DELETE	1.1 TIT	ſΕ			☐ Chan	ge 🗌 Addition
NAME	COTTO, VICTOR RIVERA		1.2 NA	ME				1
STREET ADDRESS	ALC LIE ATTIL OT		1.3 STF	REETA	DDRESS			
CITY-ST-ZIP	MIAMI FL		1.4 CIT	Y-ST-	7IP			
TITLE	vr	☐ DELETE	2.1 TITL		<del></del> -		Chan	ge 🔲 Addition
	**	<del>_</del>	2.2 NA				,	1
NAME	RIVERA, JACQUELYN							
STREET ADORESS	245 NE 37TH STREET		2.3 STF	REETA	DDRESS		;	ĺ
CITY-ST-ZIP	MIAMI FL		2. 4 CIT		·ZIP	<del> </del>		- Dadision
TITLE	S	☐ DELETE	3.1 TITI	LE	- 1		Chan	ge
NAME	PONCE, EDDA		3.2 NA	ME	Ì			
STREET ADDRESS	AAR AIR ARELL ATBEET		3.3 STF	REETA	ODRESS			
	MIAMI FL		3.4. CIT		ł			ł
CITY-ST-ZIP TITLE	IVIZABILI E	☐ DELETE	4.1 TIT		<del>-</del>		Chan	ge Addition
		· <b>-</b>	4.2 NA		}		-	J
NAME	· ·		1					1
STREET ADDRESS					ADDRESS			
CITY-ST-ZIP	<u> </u>	···	4.4 CIT		ZIP		□ Chan	ge Addition
TITLE ·		☐ DELETE	5.1 TITI				[_] Chan	ge L Addition
NAME#	•		5.2 NA	ME	J			. ]
STREET ADDRESS					nnosce l		4	
			5.3 STF	REETA	mpuress (		*	}
CHY-SI-ZP	• •		5.3 STF 5.4 CIT		1		· -	
CITY-ST-ZIP		☐ DELETE		ry-st-	1	· · · ·	Chan	ge Addition
TITLE		☐ DELETE	5.4 CIT	TY-8T- LE	1	· · ·	Chan	ge : Addition
TITLE NAME		DELETE	5.4 CIT 6.1 TITI 6.2 NAI	TY-ST- LE ME	ZIP		. Chan	ge Addition
TITLE		DELETE	5.4 CIT 6.1 TITI 6.2 NAI	TY-ST- TLE ME REET A	ZIP ADDRESS	· · · · · · · · · · · · · · · · · · ·	. Chan	ge Addition

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 informational 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 be 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 an attachment with an address, with all other like empowered.

SIGNATURE:

305-513-022