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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998

DOCUMENT # 1. Corporation Name L90062

(5)

SOUTH FLORIDA ICE CREAM AND CONFECTIONERY CORP.

Principal Place of Business Mailing		Mailing Address	ng Address			ardit 21511 A1211 61611 1261
12001 W. SUNRISE BLVD		12801 W. SUNRISE BLVD		•		
BOX 43 SUNRISE FL 33323		BOX 43 SUNRISE FL 33323		DO NOT WRITE IN THIS:	SPACE	
US		US		3. Date Incorporated or Qualified		
					07/31/1990	
2. Principal F	Place of Business	2a. Mailing Address			4. FEI Number	Applied For
21		26			65-0216424	Not Applicable
Suite, Apt #, etc		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Regulaed	
City & State		City & State		······································	6. Election Campaign Financing	\$5.00 May Be
23		[28]			Trust Fund Contribution	Added to Fees
Zıp	p Country Zip		Country		8. This corporation owes or has paid the cur	rent year Intangible
24	25	29	30			Yes No
	9. Name and Address of Curre	nt Registered Agent	81	Name	10. Name and Address of New Registered	Agent
	NEDMAN, ELLIS L.		"	Name		
	62 MEADOWOOD DR		82	Street #	Address (P.O. Box Number is Not Acceptable)	
"	LAUDERDALE FL 33332		83			
				1		
1			84	City	El	85 Zip Code
11. Pursuant	to the provisions of Sections 607,050	02 and 607,1508, Florida Statut	es, the abov	e-named	corporation submits this statement for the purpose of	changing its registered
office or i	registered agent, or both, in the State	of Florida, Such change was a	authorized b	y the corp	corporation submits this statement for the purpose of poration's board of directors. I hereby accept the app	ointment as registered
i .	an tanima wan ana asa asa asa an	inficing on acciton 407,0000, Fix	Jilda Siaidie	3.		
SIGNATURE	Signature, typed or profest cause of requisions aug	or Laron title of inpade able (NOT	E. Registered Ag	ont signature	required when reinstating) DATE	·····
12.		D DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND	DIRECTORS IN 12
TITLE	PD	☐ DELETE	1.1 TITLE			Change Addition
NAME	FRIEDMAN, ELLIS L.		1.2 NAME			
STREET ADDRESS	2762 MEADOWOOD DR		1.3 STAEE	ADDRESS		
CITY-ST-ZIP	FT. LAUDERDALE FL VD		1.4 CITY-1	ST-ZIP		
TITLE	FONTANA, RAYMOND	☐ DELETE	2.1 TITLE			Change Addition
NAME STREET ADDRESS			2.2 NAME			
CITY-ST-ZIP	FT LAUDERDALE FL		2.3 STREET			
TITLE	TD	DELETE	2. 4 CiTY - 3.1 TiTLE	ST-ZIP		Change Addition
NAME	CABRERA, MIGUEL	_ beten	3.1 TITLE	.		
STREET ADDRESS	1901 NW 108 AVE			ADDRESS	11064 SW 37 MANUE	
CITY-ST-ZIP	PEMBROKE PINES FL		3.4. CITY-	ST. 7IP	11064 SW 37 MANIR DAVIE, FLORIDA 3837	R
TITLE	D	DELETE	4.1 TITLE	31-211		☐ Change ☐ Addition
NAME	POLLACK, GEORGE		4 2 NAME			
STREET ADDRESS	9801 SW 124 COURT		43 STREET	i		
CITY-ST-ZIP	MIAMI FL		4.4 City- \$			1
TITLE		OELETE	51 TITLE			Change Addition
NAME			5.2 NAME]		ļ
STREET ADDRESS			5.3 STREET	ADDRESS		
CITY-ST-ZIP			5.4 CITY - 5	ST - ZIP		
TITLE		DELETE	6.1 TITLE			Change Addition

14. I hereby cortify 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 13 if changed, or on an attachment with pan address.

6.2 NAME

6.3 STREET ADDRESS

SIGNATURE:

STREET ADORESS

CITY-ST-ZIP

ELLIS L. FRIEDMAN

FILED

Feb 10 1998 8:00am

Secretary of State

Change

Addition