\$ 188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE 1 Traine and Malany Address DOCUMENT # 198000002936 1 Traine and Malany Address DOCUMENT # 1980000002936 2 Traine and Malany BEACH FL 33140 2 Traine and Malany BEACH FL 33140 1 Traine and Malany BEACH FL 33140 2 Traine and Address of Current Registered Agent Office 3 Traine and Malany BEACH FL 33140 2 Traine and Malany BEACH FL 33140 3		d Liability Company ANNUAL REPORT 1999	LINE DEPART	MENT OF STATE	936	ાર્ગી! 99 AF	R-8 PH	henayyy
Name and Making Address of Limited Lability Company SWEETS OF LATIN AMERICA, L.C. 2340 PRAIRIE AVENUE MIAMI BEACH FL 20140 12 Moving Address Provided Place of Business Address 2340 PRAIRIE AVENUE MIAMI BEACH FL 33140 12 Department of Beach FL 20140 12 Department of Beach FL 20140 13 Date Organized or Qualified In 2/01/1998 FL 12/01/1998 FL 13 Date Organized or Qualified In 2/01/1998 FL 14 Fit Intellige In 2/01/1998 FL 15 Date Organized or Qualified In 2/01/1998 FL 15 Date Organized or Qualified In 2/01/1998 FL 16 Date Organized or Qualified In 2/01/1998 FL 17 Name and Address of Current Registered Agent In 2/01/1998 FL 18 Date Organized or Qualified In 2/01/1998 FL 18 Date Organized In 2/01/1998 FL 18 Date Organiz					}		. 77	1149
SWEETS OF LATIN AMERICA, L.C. 2340 PRAIRIE AVENUE MIAMI BEACH FL 33140 F Principal Place of Business 2 Making Address P.O. B.N. 403048 12/01/1998 FL Suide, Apr. 4, etc. Suide, Apr. 4, etc. Suide, Apr. 5, etc. Suide, Apr. 6, etc. Suide, Apr. 6, etc. Suide, Apr. 6, etc. Suide, Apr. 6, etc. The American Address of Current Registered Agent 7, Name and Address of Current Registered Agent Alamn 7, Name and Address of Current Registered Agent NARREN, JOSEPH C 2340-PRAIRIE AVENUE MIAMI BEACH FL 33140 Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) The Hill III III III III III III III III III	1. Name							
2340 PRAIRIE AVENUE MIAMI BEACH FL 33140 29 Principal Place of Gueriness 20 Mailing Address 21/01/1998 3 Date Organized or Qualified 4 FE Number 4 Date of Last Report 5 Date Of Last Report 5 Date Of Last Report 6 Date of Last Report 6 Date of Last Report 7 Name and Address of Current Registered Agent 7 Name and Address of Current Registered Agent 8 Name and Address of New Registered Agent Name 8 Name and Address of New Registered	9	SWEETS OF LATIN	AMERICA, L.C.		1a. Principal Pla	ce of Business	Address	
Suife, Apt #, etc. Suife, Apt #, etc. Applied For A	1	2 340 PRAIRIE AVE						
Suite, Apt F, etc. City & State Social of List Report Social Address of New Registered of Status Desired A personal Text Registered Social Address of New Registered Agent/Office Name Name Stroct Address of New Registered Agent/Office Name Stroct Address of New Registered Spatial Text Registered Stroct Address of New Registered Spatial Text Registered Name Stroct Address of New Registered Spatial Text Registered Name Stroct Address of New Registered Spatial Text Registered Name Stroct Address of New Registered Spatial Text Registered Name Stroct Address of New Registered State Agent/Office Name Stroct Address of New Registered State Agent/Office Name Name Stroct Address of New Registered State Agent/Office Name Name Stroct Address of New Registered State Agent/Office Name Name Stroct Address of New Registered State Agent/Office Name Stroct Address of New Registered State Agent/Office Name Stroct Address of New Registered State Agent/Office Name Name Stroct Address of New Registered State Agent/Office Name Name Name Name Name Stroct Address of New Registered State Agent/Office Name	2 Principa	al Place of Business			3. Date Organize	od or Qualified	3a. State of F	ormation
Applied For Joy & State Country 7. Name and Address of Current Registered Agent 7. Name and Address of Current Registered Agent 8. Name and Address of New Registered Agent Of State of Last Report 8. Name and Address of New Registered Agent Of State of State Desired Des	Suite, Apt. #, etc. Suite					1		
5. Oate of Cast Report 7. Name and Address of Current Registered Agent 8. Name and Address of New Registered Agent/Office WARREN, JOSEPH C 23440 PRATRIE AVENUE MIAMI BEACH FL 33140 8. Name and Address of New Registered Agent/Office Name Stroet Address (P.O. Box Number is Not Acceptable) Sume. Apr v. etc. 11 11 11 11 12 12 12 14 11 11 11 11 12 12 14 11 11 11 11 12 12 14 11 11 11 11 12 12 14 11 11 11 11 12 12 14 11 11 11 11 12 12 14 11 11 11 11 12 12 14 11 11 11 11 11 12 12 14 11 11 11 11 11 12 12 14 11 11 11 11 11 12 12 14 11 11 11 11 11 11 12 12 14 11 11 11 11 11 11 11 11 11 11 11 11					Applied For			
7. Name and Address of Current Registered Agent 8. Name and Address of New Registered AgentOffice WARREN, JOSEPH C 2340 PRATRIE AVENUE MIAMT BEACH FL 33140 8. Name and Address of New Registered AgentOffice Name Street Address (P.O. Box Number is Not Acceptable) 1 II				FL	1			٠
Name Stroet Address (P.O. Box Number is Not Acceptable) S	Zip	Country	33140-1042	AZÚ			\$8.75 Additiona	I Fee Required
Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) Suite. Apt w. etc		7. Name and Address of Curre	ent Registered Agent		Name and Address	of New Regis	tered Agent/Of	fice
1. Ido-hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3) (i). Florida Statutes. If urther certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3) (i). Florida Statutes. If urther certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3) (ii). Florida Statutes. If urther certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3) (ii). Florida Statutes. If urther certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3) (ii). Florida Statutes. If urther certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3) (ii). Florida Statutes. If urther certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3) (ii). Florida Statutes. If urther certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3) (ii). Florida Statutes. If urther certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3) (ii). Florida Statutes. If urther certify that the information supplied with the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3) (ii). Florida Statutes. If urther certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3) (ii). Florida Statutes. If urther certify that the information supplied with this filing does not qualify for the exemption of the certification o			John Johnson	Suite, Apt. #, etc.				
O. Title Managing Members/Managers Business Street Address City. State and Zip Code MGRM WARREN, JOSEPH C 2340 PRAIRIE AVENUE MIAMI BEACH FL MGRM DELPECH, VERONICA C MGRM RAMIREZ, ALFREDO C AVENIDA MEXICO 187 NO. 902 06100 MEXICO, D.F., AVENIDA MEXICO 187 NO. 902 06100 MEXICO, D.F., MGRM RAMIREZ and the information supplied with this filing does not qualify for the exemption stated in Section 119 07(3) (i). Florida Statutes I further cortify that the information dicated on this 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 inanaging member or manager of the mitted flability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes, and that my name appears in Block 10, or on an tachment with an address.	its register	ed office or registered agent, or both, in				ibmits this state		
Description of the managing Members/Managers Business Street Address City. State and Zip Code MGRM WARREN, JOSEPH C 2340 PRAIRIE AVENUE MIAMI BEACH FL 33140 RETORNO CENTRAL ORIENTE NO 09089 MEXICO, D.F., RE	_	RE. DOU	Daniel Bereinen Anne Bereinen	af interviewy procedowana in the contrate op)ATE . 3	31 0	19
MGRM DELPECH, VERONICA C RETORNO CENTRAL ORIENTE NO 09089 MEXICO, D.F., RETO	10. Title					City,	State and Zip C	ode
MGRM DELPECH, VERONICA C RETORNO CENTRAL ORIENTE NO 09089 MEXICO, D.F., RETORNO CENTRAL ORIENTE NO 09089 MEXICO, D.F., AVENIDA MEXICO 187 NO. 902 06100 MEXICO, D.F., 1 Ido hereby certify that the information supplied with this filing does not qualify for the exemption stated in Scion 119.07(3) (i). Florida Statutes. If further certify that the information dicitated on this annual report is true and accurate and that my signature shall have the same legal effect as it made under oath, that I arm a managing member or manager of the mitted liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes, and that my name appears in Block 10, or on an itachment with an address.	MGRM	WARREN, JOSEPH (C 2340 PRA	2340 PRAIRIE AVENUE				
AVENIDA MEXICO 187 NO. 902 06100 MEXICO, D.F., 1 Ido hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119 07(3) (i). Florida Statutes. If further certify that the information dicated on this annual report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am a managing member or manager of the mitted liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes, and that my name appears in Block 10, or on an its chiment with an address.	MGRM	DELPECH, VERONIC	CA C RETORNO	RETORNO CENTRAL ORIE				
idicated on this annual report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am a managing member or manager of the mited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes, and that my name appears in Block 10, or on an itachment with an address.	MGRM	RAMIREZ, ALFREDO		AVENIDA MEXICO 187 NO. 90			MEXICO,	, D.F.,
idicated on this annual report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am a managing member or manager of the mited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes, and that my name appears in Block 10, or on an itachment with an address.	}							
idicated on this annual report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am a managing member or manager of the mited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes, and that my name appears in Block 10, or on an itachment with an address.								
idicated on this annual report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am a managing member or manager of the mited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes, and that my name appears in Block 10, or on an itachment with an address.								
idicated on this annual report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am a managing member or manager of the mited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes, and that my name appears in Block 10, or on an itachment with an address.	$\lambda i \lambda i$							
idicated on this annual report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am a managing member or manager of the mited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes, and that my name appears in Block 10, or on an itachment with an address.	}		1	. 61	alan			
idicated on this annual report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am a managing member or manager of the mited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes, and that my name appears in Block 10, or on an itachment with an address.					\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	lavida Physical de	fuether e = 4.6 °	at the unit
ttachmen! with an address.	indicated or	o this annual report is true and accural	le and that my signature shall have the	e samo legal offect as	if made under oath,	that Lam a man	aging meniber c	or manager of the
SIGNATURE: 331/99 (305)672-1939	attachmen!	with an address.	10117	•	te			

INHSE 10 R (12-98)