


FILE NOW: FILING FEE IS \$61.25

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Apr 02 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N96000001025 (3)**

1. Corporation Name
FLAVOR, INC.



Principal Place of Business 614 NE 12TH AVE. FT. LAUDERDALE FL 33304	Mailing Address 614 NE 12TH AVE. FT. LAUDERDALE FL 33304
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3. Date Incorporated or Qualified 02/23/1996
4. FEI Number 65-0753961 <input checked="" type="checkbox"/> Applied For APPLIED FOR <input type="checkbox"/> Not Applicable

2. Principal Place of Business 21 5435 SW 44TH Terr	2a. Mailing Address 26 5435 SW 44TH Terr
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Fort Lauderdale FL	City & State 28 Fort Lauderdale, FL
Zip 24 FL 33314	Country 25 USA
Zip 29 33314	Country 30 USA

5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No ?

9. Name and Address of Current Registered Agent
**HUNT, PATRICK M
614 NE 12TH AVE.
FT. LAUDERDALE FL 33304**

10. Name and Address of New Registered Agent
81 Name Jorge F. Goytizolo
82 Street Address (P.O. Box Number is Not Acceptable) 5435 SW 44TH Terrace
83
84 City Fort Lauderdale FL 85 Zip Code 33314

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE *Patrick M Hunt (TD)* (NOTE: Registered Agent signature required when registering) *Jorge F. Goytizolo (PD) 03/24/98* DATE

12. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KELLY, TIM 1692 NE 9TH ST FT LAUDERDALE FL <input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD MARTINEZ, TONY 4357 NW 11TH ST 2B MIAMI FL <input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HUNT, PATRICK 614 NE 12TH AVE FT LAUDERDALE FL <input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	PD Jorge F. Goytizolo 5435 SW 44TH Terrace Ft Lauderdale, FL 33314 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	VPD Javier Muniz 9999 Summerbreeze Dr #309 Sunrise, FL 33322 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	TD Sleeman Alex 915 WEST 74TH STREET Hialeah, FL 33014 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. 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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Jorge F. Goytizolo* RECORDED 03/30/98

CR2E037 (10/97)