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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Feb 23, 1999 8:00 am Secretary of State

02-23-1999 90083 050 ***150.00

DOCUMENT # P14208

VITREX GOURMET CORP.

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Principal Place	e of Business	Mailing Address					(1001) 601 161 13011 61610 1		ii wiwii wiwii) 1 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
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บร		US				1	Date Incorporated or Qua 04/28/1987	alifed			
	lace of Business	2a. Mailing Address					FEI Number				plied For
	SW 128th St.	26				58-1720956				t Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. (Certificate of Status Desir	D ber) 	-	Additional equired	
City & Stat	e	City & State					Election Campaign Finar	ncing 🗆	l		May Be
23 Miami		28				Trust Fund Contribution Added to Fees					
Zip	Country	Zip	Cou	ntry			This corporation owes the	e current y		jible] Yes	□No
24 33186	25 USA	29	30				Personal Property Tax. Name and Address of I	Now Pagis			ואונגו
	9. Name and Address of Current	Registerea Agent		81	Name		Name and Address of t	AGM Kegis	stelen va	9111	
CT C	CORPORATION SYSTEM		{		1401110						
1200	S. PINE ISLAND ROAD		{	$\perp \!\! \perp$	Street A	Address (P.O. Box Number is Not Acceptable)					
PLAN	NTATION FL 33324		}	83							
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SIGNATURE	m familiar with, and accept the obligati	ons or, deculon our loods, i h	mos ciaic	1103.							}
	Signature, typed or printed name of registered agent			Agent s	signature re	equired when reli			DATE AND		NOC 04 42
12.	OFFICERS AND	DIRECTORS	13.		signature re		nstating) DDITIONS/CHANGES T		RS AND		
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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 suppliemental annual report is frue 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 furstee empowered 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 so an attachment with an address, with all other like empowered.

SIGNATURE:

CITY-ST-ZIP

(305) 253-4969