

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P93000001549 (3)**

1. Corporation Name
VITAFRUIT, INC.

Principal Place of Business
**243 E FLAGLER STREET
SUITE 16, GALERIA INTERNATIONAL
MIAMI FL 33131**

Mailing Address
**243 E FLAGLER STREET
SUITE 16, GALERIA INTERNATIONAL
MIAMI FL 33131**

FILED
Aug 26 1998 8:00am
Secretary of State



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/08/1993

4. FEI Number

65-0379822

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

**NELSON, GARY
801 BRICKELL AVE
9TH FLOOR
MIAMI FL 33131**

10. Name and Address of New Registered Agent

81 Name
IVONE DOS S OSTROWSKYJ
82 Street Address (P.O. Box Number is Not Acceptable)
3201 McDONALD ST.
83
84 City
COCONUT GROVE **FL** 85 Zip Code
33133

11. Pursuant to the provisions of sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE **IVONE DOS S OSTROWSKYJ** **IVONE DOS S OSTROWSKYJ** **08/19/98**
Signature, typed or printed name of registered agent and the applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE **PS** ☐ DELETE
NAME **OSTROWSKYJ, IVONE DOS S**
STREET ADDRESS **6961 CARLYLE AVE #8**
CITY-ST-ZIP **MIAMI BEACH FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
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TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **PS** ☒ Change ☐ Addition
1.2 NAME **OSTROWSKYJ, IVONE DOS S**
1.3 STREET ADDRESS **3201 McDONALD ST.**
1.4 CITY-ST-ZIP **COCONUT GROVE, FLORIDA 33133**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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

SIGNATURE: **IVONE DOS S OSTROWSKYJ** **IVONE DOS S OSTROWSKYJ** **08/19/98(305) 371-9317**

CR2E034 (5/98)