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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # P93000019990

1. Corporation Name

INTERNATIONAL COOKIES, INC.

Principal Place of Busines
5650 STIRLING RD. HOLLYWOOD FL 33021

Mailing Address

5650 STIRLING RD. HOLLYWOOD FL 33021

FILED Mar 04, 1999 8:00 am Secretary of State

03-04-1999 90160 013 ***150.00



DO NOT WRITE IN THIS SPACE

					Date Incorporated or Qualifed 03/17/1993				
2 Dringing D	lace of Puninces	2a. Mailing Address			4. FEI Number	T	Appli	ed For	
¬ `	lace of Business				65-0397579	· - ·	+	pplicable	
21	# -1-	Suite, Apt. #, etc.			00-009/0/9	¢ R			
22 Suite, Apt.	1 · · · · · · · · · · · · · · · · · · ·				5. Certificate of Status Desired \$8.75 Addition Fee Required				
City & State City & State 28					6. Election Campaign Financing S5.00 May Be Trust Fund Contribution Added to Fees				
Zip 24	Country Zip			,	This corporation owes the current y Personal Property Tax.	ear Intangible		No	
<u>z</u>	9. Name and Address of Curren		<u>- </u>		10. Name and Address of New Regis	stered Agent			
	5. Name and Address of Carron		81	Name					
LEVY, ILANA									
	N. 45TH AVENUE		82	82 Street Address (P.O. Box Number is Not Acceptable)					
HOLLYWOOD FL 33021									
1102	E11100B1E 000E1		83						
			84	City	.	85	Zip Co	de	
			i_			FL °°			
office or n	registered agent, or both, in the State of familiar with, and accept the obligations.	of Florida. Such change was auth	iorized by	the corporati	poration submits this statement for the purpon's board of directors. I hereby accept the	appointment	as regis	tered	
SIGNATURE						DATE			
40	Signature, typed or printed name of registered agent		distered Age	nt signature require	ad when reinstating) ADDITIONS/CHANGES TO OFFICE		CTORS	S IN 12	
12.	OFFICERS AN			 _	ADDITIONS/CHANGES TO OFFICE	□ Ch		Addition	
TITLE	PS	C. Decere	1.1 TITLE				ungo		
NAME	LEVY, ILANA		1.2 NAME						
STREET ADDRESS	4051 N. 45TH AVENUE			TADDRESS					
CITY-ST-ZIP	HOLLYWOOD FL 33021		1.4 CITY-5	ST-ZIP					
TITLE	D	☐ DELETE	2.1 TITLE			☐ Ch	ange	☐ Addition	
NAME	LEVY, RAZI		2.2 NAME	Ì	•				
STREET ADDRESS	4051 N. 45TH AVENUE		2.3 STREE	T ADDRESS					
CITY-ST-ZIP	HOLLYWOOD FL 33021		2. 4 CITY-	ST-ZIP	رجيت د ي نوب د			<u> </u>	
TITLE		☐ DELETE	3.1 TITLE			□ ¢h	ange	☐ Addition	
NAME			3.2 NAME			•			
STREET ADDRESS			3.3 STREE	TADDRESS					
CITY-ST-ZIP			34 CITY-	ST-ZIP					
TITLE		☐ DELETE	4.1 TITLE			□ Ch	ange	☐ Addition	
NAME			4. 2 NAME						
STREET ADDRESS				T ADDRESS					
CITY-ST-ZIP			4.4 CITY-S						
TITLE		☐ DELETE	5.1 TITLE		·		ange	Addition	
NAME		_	5.2 NAME						
			1	TADDRESS					
STREET ADDRESS			5.4 CITY-8						
CITY-ST-ZIP	<u> </u>	□ DELETE	6.1 TITLE	71-41		□ CH	ange	Addition	
TITLE		☐ pereie	6.2 NAME				u. go		
NAME				T + DODE-00					
STREET ADDRESS			l i	TADDRESS					
CITY-ST-ZIP			6.4 CITY-5	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, with all other like empowered.

SIGNATURE:

Contact of Addition SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #