

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 APR 28 AM 10:13

DOCUMENT # P93000058765 (7)

1. Corporation Name

BOTTICELLI FOODS, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

9705 S. DIXIE HWY.
MIAMI FL 33156

Mailing Address

9705 S. DIXIE HWY.
MIAMI FL 33156

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/23/1993

3a. Date of Last Report

07/12/1994

4. FEI Number

65-0436085

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 has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

24

Zip

Quantity

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Quantity

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PAWELEK, CATHERINE
1411 GENOA ST.
CORAL GABLES FL 33134

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

12. OFFICERS AND DIRECTORS

1. TITLE

NAME

STREET ADDRESS

CITY ST ZIP

TP

PAWELEK, CATHERINE

1411 GENOA ST.

CORAL GABLES FL 33134

2. TITLE

NAME

STREET ADDRESS

CITY ST ZIP

VS

PAWELEK, JOSE L

1411 GENOA ST.

CORAL GABLES FL 33134

3. TITLE

NAME

STREET ADDRESS

CITY ST ZIP

4. TITLE

NAME

STREET ADDRESS

CITY ST ZIP

5. TITLE

NAME

STREET ADDRESS

CITY ST ZIP

6. TITLE

NAME

STREET ADDRESS

CITY ST ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE

2. NAME

3. STREET ADDRESS

4. CITY ST ZIP

5. TITLE

6. NAME

7. STREET ADDRESS

8. CITY ST ZIP

9. TITLE

10. NAME

11. STREET ADDRESS

12. CITY ST ZIP

13. TITLE

14. NAME

15. STREET ADDRESS

16. CITY ST ZIP

17. TITLE

18. NAME

19. STREET ADDRESS

20. CITY ST ZIP

21. TITLE

22. NAME

23. STREET ADDRESS

24. CITY ST ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

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14. I hereby certify that the information submitted with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information included 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 member 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 of this report as the registered agent or officer or director.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Vice President

4/24/95

305

665 8550