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

PROFIT CORPORATION ANNUAL REPORT

1998



Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000060596 (2)

MY CANDY COMPANY, INC.

FILED Mar 31 1998 8:00am Secretary of State



Principal Place of Business Mailing Address			T (697)69) IIO (6190 DIII) 98111 99111 98112 91110 00192 81110 18111 1883			
9501 E. CALUSA CLUB DRIVE	9501 E. CALUSA CLUB	DRIVE		1		
MIAMI FL 33186	MIAMI FL 33186					
				ļ	DO NOT WRITE IN THIS	SPACE
					3. Date Incorporated or Qualified	
					08/26/1993	
2. Principal Place of Business	2a, Mailing Address			-	4. FEI Number	Applied For
21	26				65-0438270	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.			1	5. Certificate of Status Desired	\$8.75 Additional Fee Required
22 City & State	City & State					`
	— ´ ˙			ł	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be
Zip Country	28	Co	untry			Added to Fees
├ ─	 	<u></u> ⊢	rui iir y		8. This corporation owes or has paid the cur	Yes No
24 25 p. Name and Address of Curre	29 ant Registered Agent	30	7		Personal Property Tax due June 30. 10. Name and Address of New Registered	
	in riogiotoriou rigorii		81	Name	10,	
LAM, MY L						
9501 E. CALUSA CLUB DRIVE			82	Street Address	s (P.O. Box Number is Not Acceptable)	
MIAMI FL 33186			83			
			23			
			84	City		85 Zip Code
			1		<u> </u>	
11. Pursuant to the provisions of Sections 607.050 office or registered agent, or both, in the State agent. I am familiar with, and accept the oblig	02 and 607.1508, Florida Sta e of Florida. Such change wa	tutes, the a is authorize	ed by	 named corporation 	ation submits this statement for the purpose on his board of directors. I hereby accept the app	r changing its registered inintment as registered
agent. I am familiar with, and accept the oblig	gations of, Section 607.0505,	Florida Sta	atutes		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
SIGNATURE						
Signature, typed or printed name of registered ag	you and title it applicable (ND DIRECTORS	IOTE: Registere		nt signature required v	when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND	DIDECTODE IAI 12
TITLE D	DELETE DELETE	111			ADDITIONS/CHAINGES TO OFFICERS AIN	Change Addition
NUME LAM, MY L			NAME			
	nt:			ADDRESS		
13144 11 71 00400	E			* *		
CITY-ST-ZIP MIAMI PL 33188	DELETE	2.1 3	CITY-ST	· 21r		Change Addition
]			NAME	}		
NAME						
STREET ADDRESS				ADDRESS		
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NAME		1	NAME			
STREET ADDRESS				ADDRESS		
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NAME			NAME			
STREET ADDRESS				ADDRESS		
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NAME			NAME			
STREET ADDRESS		5.3 9	STREET	ADDRESS		
CITY-S1-ZIP			CITY-ST	I-ZIP	<u> </u>	T A1
TITLE	DELETE	1	TITLE	1		Change Addition
HAIRE		6.21	NAME	Ì		
STREET ADDRESS		6.3 5	STREET	ADDRESS		
CITY-ST-ZIP		6.4 0	CITY-ST	í-ZIP		400

I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the informatio indicated on this annual roport 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 roceiver 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.