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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # **P93000064653**1. Corporation Name

FLORIDINO'S INTERNATIONAL, INC.

| Principal | Place | of | Business |
|-----------|-------|----|----------|

Mailing Address

May 10, 1999 8:00 am Secretary of State

05-10-1999 90144 014 ***150.00



| 3560 CYPRESS GARDENS ROAD WINTER HAVEN FL 33884 | | 3560 CYPRESS GARDENS ROAD WINTER HAVEN FL 33884 | | | DO NOT WRITE IN THIS SP | ACE | | | |
|--|---|--|--|--|---|----------|----------------|---|--|
| | | | | | 3. Date Incorporated or Qualified 09/15/1993 | | | | |
| 2. Principal Place of Business 2a. Mailin | | 2a. Mailing Address | ling Address | | 4. FEI Number | | Applied For | | |
| _ _ · · | | 26 | 26 | | 59-3210092 | 1 | Not Applicable | | |
| Suite, Apt. i | #, etc. | Suite, Apt. #, etc. | | | 5. Certifcate of Status Desired | • | Additional | | |
| 27 | | 27 | | | Fee Required | | | | |
| City & State | ity & State City & State | | | | Election Campaign Financing Trust Fund Contribution | | May Be | | |
| Zip | Country | Zip Country | | гу | 8. This corporation owes the current year Intangible | | | | |
| 24 | 25 | 29 3 | .0 | | reiserial reports rax |] Yes | □No | | |
| | 9. Name and Address of Current | Registered Agent | | , | 10. Name and Address of New Registered Age | ent | | | |
| EI 0E | NONA MOUATI | | 8 | 1 Name | | | | | |
| FLORIDINO, MICHAEL 3560 CYPRESS GARDENS RD. | | 8 | 2 Street A | ddress (P.O. Box Number is Not Acceptable) | is (P.O. Box Number is Not Acceptable) | | | | |
| WINT | ER HAVEN FL 33884 | | 8 | 3 | | | | | |
| | | | 8 | 4 City | E. | B5 Zip | Code | | |
| | | | | | FL | | to registered | | |
| office or re | to the provisions of Sections 607.0502 agistered agent, or both, in the State o in familiar with, and accept the obligation | f Florida. Such change was auti | horized t | ov the corpo | corporation submits this statement for the purpose of characteristics of directors. I hereby accept the appointment | ent as | registered | | |
| SIGNATURE | | | | | | | | | |
| | Signature, typed or printed name of registered agent | | legistered A | gent signature re | quired when reinstating) ADDITIONS/CHANGES TO OFFICERS AND I | DIRECT | ORS IN 12 | é | |
| 12. | OFFICERS AND | DELETE DELETE | 1.1 TITU | | |] Change | | 7 | |
| TITLE | FLORIDINO, MIKE | ☐ 0222,E | 1.2 NAM | | | - • | _ | - | |
| NAME OTTOEST ADDRESS | 3560 CYPRESS GARDENS RD. 13 ST | | | EET ADDRESS | | | | Š | |
| STREET ADORESS | | | 1.4 CITY | | | | | Š | |
| CITY-ST-ZIP | | | 2.1 TITL | | | Change | e 🔲 Addition | Č | |
| NAME | | | 2.2 NAM | E | | | | | |
| STREET ADDRESS | | | • | EET ADDRESS | | | | | |
| CITY-ST-ZIP | | | 1 | r-ST-ZIP | | | | | |
| TITLE | | ☐ DELETE | 3.1 TITL | | |] Chang | e 🔲 Addition | | |
| NAME I | | | 3.2 NAM | E | | | | | |
| STREET ADDRESS | | | 3.3 STR | EET ADDRESS | | | Ì | | |
| CITY-ST-ZIP | | | 3.4. CIT | /-ST-ZIP | | | | | |
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| NAME | | | 4. 2 NAM | 1E | | | | | |
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| CITY-ST-ZIP | | | | -et-20 | | | | | |
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| 1 | | ☐ DELETE | 4.4 CITY 5.1 TITL | | | Chang | e Addition | | |
| NAME | | ☐ DELETE | - | E | С |] Chang | e L Addition | | |
| STREET ADDRESS | | ☐ DELETE | 5.1 TTL 5.2 NAM | E | С | Chang | e | | |
| i | | ☐ DELETE | 5.1 TTL 5.2 NAM 5.3 STR 5.4 CITY | E E EET ADDRESS - ST-ZIP | | | | | |
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| STREET ADDRESS CITY-ST-ZIP | | | 5.1 TTL 5.2 NAM 5.3 STR 5.4 CITY | E E EET ADDRESS - ST- ZIP E | | | | | |

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 trusted 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 poin attachment with an address, with all other like empowered.

SIGNATURE: