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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998
DOCUMENT #

P93000083695 (5)

IVES DAIRY, INC.

FILED May 18 1998 8:00am Secretary of State

Principal Place of Business				Mailing Address							40101 10100 HILL BILLE H	
1400 NW 107 AVE				1400 NW 107 AVE								
STH FLOOR				5TH FLOOR						DO NOT WEITE W	(T () 0	
MIAMI FL 33172				MIAMI FL 33172						DO NOT WRITE IN THIS SPACE		
										3. Date Incorporated or Qualified		
2. Principal Pla	ace of Busin		2a. Mailing Address						11/16/1993 4. FEI Number		nation Cor	
21				26							- 	pplied For ot Applicable
Suite, Apt. #, etc.				Suite: Apt. #, etc.						65-0448130	60 7E	Additional
22				27						5. Certificate of Status Desired	1	equired
City & State				City & State						6. Election Campaign Financing		May Be
23				28								to Fees
Zip Country				Zip Country					8. This corporation owes or has paid t			
24	25			29	30					Personal Property Tax due June 30. Yes No		
	9. Name	and Address	of Current R	egistere	d Agent					10. Name and Address of New Regis	tered Agent	
LEV	Y, JOEL						81	Name				
1400 NW 107 AVE							82	Streat	Addre	ddress (P.O. Box Number is Not Acceptable)		
5TH FLOOR				l				0	realized to the box resimbol is that recordingly			
	MI FL 331	72					83					
							84	City			lest 7in	Codo
								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 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 appoarant. I am familiar with, and accept the obligations of Section 607.0505, Florida Statutes.											pose of changing in the appointment as	its registered registered
*		in and book.	in Congino		J. 10000, 1	ionou bia	(dioc					
SIGNATURE Signature, typod or printed name of registered agent and title if applicable (NOTE: Registere								nt signatur	e required	when reinstating)	DATE	
12.		OFFI	CERS AND D	IRECTOF	≀S	13.				ADDITIONS/CHANGES TO OFFICER	S AND DIRECTOR	RS IN 12
TITLE	DPCE				☐ DELETE	1.1 T	TLE		0/	PICED	Change	Addition
NAME	ADLER, MICHAEL M					12 N	1 2 NAME					1
STREET ADDRESS	1 1111 1111 1111 1111			DR 1.3			1.3 STREET ADDRESS		1			
CITY-ST-ZIP	<u>M</u> IAMI F	<u> </u>				1.4 C	ity-s	T-ZIP	<u> </u>			
TITLE	DST				☐ DELETE	21 T	TLE				L Change	☐ Addition
NAME	ARRIZURIETA, LUIS						2.2 NAME					
STREET ADDRESS	1400 NW 107 AVE. 5TH FLOO)R 2.5			2.3 STREET ADDRESS					ŀ
CITY-ST-ZIP	MIAMI F	<u>L</u>	· 				ITY-S	1- <i>2</i> 1P	ļ.,	<u> </u>		
TITLE	DEVA				DELETE	3.1 T	T L.E		DIE	EULAS	∠ Change	Addition
NAME	LEVY, J			_		3.2 N						ı
STREET ADDRESS	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					. It	3.3 STREET ADDRESS					
CITY-ST-ZIP	MIAMI F	<u>l</u>			1 25.555		11Y-S	T-ZIP	ļ		· · · · · · · · · · · · · · · · · · ·	
TITLE	AS	14154			L.) DELETE	4.1 71					Change	Addition
NAME	ADLER,					4. 2 6						
STREET ADDRESS		N 107 AVE						ADDRESS	•			
CITY-ST-ZIP	<u>M</u> IAMI F	<u>'L</u>	·		DELETE		TY-51	- ZIP			C Observe	Adamia
TITLE					☐ DELETE	5.1 11					Change	☐ Addition
NAME						5.2 N		4888				
STREET ADDRESS								ADDRESS				
CITY-ST-ZIP TITLE					DELETE		TY - S1	- ZIP		· · · · · · · · · · · · · · · · · · ·	Change	Addition
1					T DETELE	611					Change	L AUGIRON
NAME CTREET ADDRESS						62 N		1000000				
STREET ADDRESS								ADDRESS				İ
CITY-ST-ZIP	ortify that the	n information s	upplied with t	his filina	does not qualify		TY-ST		l ad in Se	ection 119.07(3)(i), Florida Statutes. I furt	ther certify that the	information
indicated o	n this armu	al roport or cur	aplaniontal or	week rope	aries true and an	curate an	ا سراد ا	t mu nic		chall have the same logal offect as if ma	ada undar anthi th	at Lancar

indicated on this annual report or supplemental annual reports 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 trustile 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.

CICMATURE.