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FILED

May 12 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P93000086196 (1)

1. Corporation Name

SELECT BRANDS INCORPORATED



Principal Place of Business

10173 NW 16TH STREET
SUITE 180
CORAL SPRINGS FL 33071
US

Mailing Address

10173 NW 16TH STREET
SUITE 180
CORAL SPRINGS FL 33071-6524
US

3. Date Incorporated or Qualified

12/13/1993

3a. Date of Last Report

06/06/1996

2. Principal Place of Business

21 10173 NW 16 ST
Suite, Apt. #, etc.

22

23 CORAL SPRINGS, FL
City & State

24 33071
Zip

25 US
Country

2a. Mailing Address

26 10173 NW 16 ST
Suite, Apt. #, etc.

27

28 CORAL SPRINGS, FL
City & State

29 33071
Zip

30 US
Country

4. FEI Number

65-0471660

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

9. Name and Address of Current Registered Agent

KARSKI, GEORGE
10173 N.W. 16TH STREET
SUITE 2217
CORAL SPRINGS FL 33071

10. Name and Address of New Registered Agent

81 Name

BETTS, ASLA

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

8207 NW 70 STREET

83

84 City

TAMARAC

FL

85 Zip Code

33321

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

ASLA BETTS

(NOTE: Registered Agent signature required when reinstating)

April 28/97

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME D
STREET ADDRESS BETTS, CARINA
CITY-ST-ZIP 48 TANERA CRESCENT
ST. CATHARINES ON

TITLE ☐ DELETE

NAME D
STREET ADDRESS PACEY, ANDREW J
CITY-ST-ZIP RUA DOM JOAQUIN #314 GRANJA VIANNA
SAO PAULO BRAZIL 06700-000

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APRIL 28/97

Date

954-340-2050

Daytime Phone #

CR2E034 (9/96)