

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

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 APR 11 PM 8:18

DOCUMENT # P94000043875 (1)

1. Corporation Name

CHOCOLADA, INCORPORATED

Principal Place of Business

**C/O JEFFREY M. PERLOW
1820 E. HALLANDALE BEACH BLVD.
HALLANDALE FL 33009**

Mailing Address

**C/O JEFFREY M. PERLOW
1820 E. HALLANDALE BEACH BLVD.
HALLANDALE FL 33009**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

06/13/1994

3a. Date of Last Report

2. Principal Place of Business

21 1923 Hollywood Blvd.

Suite, Apt. #, etc.

2a. Mailing Address

26 1923 Hollywood Blvd.

Suite, Apt. #, etc.

4. FEI Number

65-0500970

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

23 Zip

Country

33020 Broward

27 Zip

Country

33020 Broward

9. Name and Address of Current Registered Agent

**PERLOW, JEFFREY M
1820 E. HALLANDALE BEACH BLVD.
HALLANDALE FL 33009**

10. Name and Address of New Registered Agent

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

(Signature typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY ST ZIP
**P
PEKER, MIKHAIL
C/O 1820 E. HALLANDALE BEACH BLVD.
HALLANDALE FL 33009**

TITLE
NAME
STREET ADDRESS
CITY ST ZIP
**P
FOKSHANSKAYA, ADA
C/O 1820 E. HALLANDALE BEACH BLVD.
HALLANDALE FL 33009**

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

TITLE
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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 as an attachment with an address.

SIGNATURE: ✓

SIGNATURE AND TYPED OR PRINTED NAME OF BOTHING OFFICER OR DIRECTOR

Date

(Signature) (Typed Name)

2/3/95 ✓ (1305) 920-6400