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

**PROFIT** CORPORATION **ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

P94000090183 (2)

SWEETMINT, INC.

## **FILED** Mar 20 1998 8:00am Secretary of State



<u> </u>											
Principal Place of Business Mailing Address								16 <b>0 0</b> 111 0 0111 0	18414 8 3118 18441		198 1111 1981
-205 NW 199TH STREET STE. 210 285 NW 189TH STREET STE. 210											
MIAMI FL 33169						-	DO NOT WRITE IN THIS SPACE				
							3. Date Incorporated of	r Qualified			
							12/13/1994				
2. Principal Place of Business 29. Mailing Address							4. FEI Number			<del></del>	oplied For
					<u>on S</u>	24	65-0542557				ot Applicable
Suite, Apt. #, etc.  Suite, Apt. #, etc.  27							5. Certificate of Status	Desired		<del></del>	equired
City & State							6. Election Campaign	_		\$5.00	
28 Hollycocol, F							Trust Fund Contribu  8. This corporation own			Added	
24 3330	25 (25A)	233030		untry つく	A		Personal Property Ta	•	-		No I
20	9. Name and Address of Current		301 ~	<u> </u>		<u>'1</u>	0. Name and Address				
SOSSIN, ROBERT											
285 NW 199TH STREET STE. 210					Street	Address	(P.O. Box Number is N	ot Accenta	hle)		
MIAMI FL 33169					QL/QOL		() .0. 00x (10/1100) 10 11	ot / topopio			
				83							
				64	City				FL		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 rehelating)  DATE											
12.	Signature, typed or printed name of registered agen OFFICERS AND		13.	ad Age	nt signature	e required wi	ADDITIONS/CHANGE	S TO OFFI		DIRECTOR	RS IN 12
TITLE	DPT	DELETE	1.1 (	ITLE		D6-				Change	Addition
NAME	MINTZ, JERRY		1.2 N	IAME		1-	tz, Jerry				
STREET ADDRESS	285 NW 199TH STREET STE.	210	1.3 \$	TREET	ADDRESS	1941	o Harrison	St S	te 301	0	
CITY-ST-ZIP	MIAMI FL		1.40	ITY-S	T- 21P	1 1 6 7 1	11/20001 P		5 <b>20</b>	$\wedge$	
TITLE	VS	☐ DELETE	2.1 T	ITLE		VS.				Change	Addition
NAME	MANTIN-SEGAL, DEBORAH	110 001 \ n	2.2 N	AME		man	tin-segal	Dep	praW		
STREET ADDRESS	-836 1/2-MERIDIAN AVE: 1946	offficison St. #300	2.3 \$	TREET	ADDRESS	1940	Horrison		16 30		
CITY-ST-ZIP	MIAMI BEACH FL			CITY - S	T-ZIP	HO	Hywood,	<u> </u>	<u>3302</u>		
TITLE		☐ DELETE	3.1 T				•		i	☐ Change	Addition
NAME			3.2 N								
STREET ADDRESS					ADDRESS						
CITY-ST-ZIP		DELETE	3,4. ( 4.1 T	DITY-5	51 - ZIP	<del> </del>				☐ Change	Addition
TITLE NAME				NAME					,		
STREET ADORESS					ADDRESS						
CITY-ST-ZIP				ITY-S							
TITLE		DELETE	5.1 T		·					Change	☐ Addition
NAME			5.2 N	AME							
STREET ADDRESS					ADDRESS						
CITY-ST-ZIP			5.4 0	ity-s	1 - ZIP						
TITLE		DELETE	6.1 T							Change	Addition
NAME			6.2 N	IAME							
STREET ADDRESS			6.3 S	TREET	ADDRESS						
CITY-ST-ZIP		****		ITY-S		<u>l</u>					
14. I hereby o	ertify that the information supplied wit	h this filing does not qualify to	or the ex	emp	tion state	ed in Sec	tion 119.07(3)(i), Florid	a Statutes.	I further cer	tify 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 changes, by on an attachment with an address. 901-927-1/590 Deformed in Space 2/11/00