DOCUMENT # P9500001858  1. Entity Name DEL ORO JUICE MARKETING, INC.					FILED Aug 10, 2000 8:00 am Secretary of State		
Principal Plac	e of Rusiness	Mailing Address			<b>≟</b>	• 0 90006 019 ***	
Principal Place of Business Mailing Address  141 E CENTRAL AVE P O BOX 9086 SUITE 420 WINTER HAVEN FL 33883 WINTER HAVEN FL 33880							
					 	8)   <b>83</b>     <b>83</b>     <b>83   </b>	INING NAME AND AND AND
	BLUE LAGDON DRIVE				DO NOT WRITE IN THIS SPACE		
SUITE		SUITE 795			DO NOT WA	TE IN THIS SPACE	
City & State	e	City & State MI AMI FL			4. FEI Number 59-3290754 Applied For Not Applicable		
3312	L Country	Zip 33126	Country		5. Certificate of Status Desired	□ \$8.75 Fee Red	Additional
3312	6. Name and Address of Current R			<del></del>	7. Name and Address of New		lanea
Name GAY - BETTON, GLEN. D							
WARREN, NORMAN O JR 141 E CENTRAL AVE				Street Address (P.O. Box Number is Not Acceptable) 5201 BLUE LA GOON DRIVE			
SUITE 420 WINTER HAVEN FL 33880			# 795		5		
	0		City	MIAN		FL Zin	3126
R The above	named entity supports this statement for	the nurgose of changing its r	enistered offic		•		3,20
8. The above named entity surmits his statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.							
SIGNATURE C. CAY - BETTON EXECUTIVE OFFICER 7 And 2000  Signature-typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE							
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)  FILE NOW!!! FEE IS \$550.00  After SEPTEMBER 13, 2000 Min.:will be \$750:00  Make Check Payable to Department of State							
11.	OFFICERS AND E	DIRECTORS	12.		ADDITIONS/CHANGES TO OF	FICERS AND DIRECT	FORS IN 11
TITLE	D	Delete	TITLE	CE	_	☐ Chai	nge 🗖 Addition
NAME STREET ADDRESS	Warren, Norman o Jr 141 e central ave suite 420	ı	NAME STREET ADDRE		EN GAY-BETTO	NAVE	
CITY-ST-ZIP	WINTER HAVEN FL 33880		CITY-ST-ZIP		•	FL 33134	. ,
TITLE		☐ Delete	TITLE	CF	-0	☐ Cha	
NAME			NAME	) V	NID SMITH	A 10 s	
STREET ADDRESS City-St-Zip			STREET ADDRE	<sup>∞</sup>   1111  KEY		VD. A 118 L 33149	8 <
TITLE		☐ Delete	TITLE	1	B. 100 170 17	<u> </u>	nge Addition
NAME	· -		NAME			<del>_</del>	<u> </u>
STREET ADDRESS CITY-ST-ZIP			STREET ADDRE	SS			
			-			☐ Chai	nge 🔲 Addition
TITLE NAME		☐ Delete	TITLE NAME			الما الما	ige L3 Addition
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CITY-ST-ZIP			CITY-ST-ZIP				·
TITLE NAME		☐ Delete	TITLE NAME			☐ Char	nge
STREET ADDRESS			STREET ADDRE	ss			
CITY-ST-ZIP			CITY-ST-ZIP				
TITLE		☐ Delete	TITLE		_	☐ Char	nge 🔲 Addition
NAME STREET ADDRESS			NAME STREET ADDRE	ss			
CITY-ST-ZIP			CITY-ST-ZIP				
13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other the empowered.							
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Dayling Phone #							