

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P95000002670 (4)**

1. Corporation Name

FRANCY BABY FOOD CENTER CORP.



Principal Place of Business

**3090 NW 90 ST
MIAMI FL 33147**

Mailing Address

**3090 NW 90 ST
MIAMI FL 33147**

2. Principal Place of Business

21 State, Apt., R., etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 State, Apt., R., etc.

27 City & State

28 Zip Country

29

g. Name and Address of Current Registered Agent

**DE LA TORRE, FRANCISCA
3090 NW 90 ST
MIAMI FL 33147**

81 Name

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

83

84 City

FL 85 Zip Code

3. Date Incorporated or Qualified

01/11/1995

3a. Date of Last Report

4. FLE Number

65-0261347

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

10. Name and Address of New Registered Agent

11. Pursuant to the provisions of Sections 607.0802 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 607.0807, Florida Statutes.

SIGNATURE

Signature of the person accepting the appointment as registered agent

Signature of the person accepting the appointment as registered agent

Date

12. OFFICERS AND DIRECTORS

1. NAME
2. STREET ADDRESS
3. CITY, ST, ZIP
4. TITLE
5. NAME
6. STREET ADDRESS
7. CITY, ST, ZIP
8. TITLE
9. NAME
10. STREET ADDRESS
11. CITY, ST, ZIP
12. TITLE
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99. CITY, ST, ZIP
100. TITLE

13.

1. NAME

2. NAME

3. STREET ADDRESS

4. CITY, ST, ZIP

5. TITLE

6. NAME

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27. STREET ADDRESS

28. CITY, ST, ZIP

29. TITLE

30. NAME

31. STREET ADDRESS

32. CITY, ST, ZIP

33. TITLE

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☒ Addition

**P
FRANCISCA de la torre
3090 NW 90 St.
Miami, FL 33147**

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

\$200 App by Bank

SIGNATURE:

Francisca de la Torre

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-22-96

Printed Name

CR2E034 (12/95)