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PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

FILED

Apr 30 1997 8:00am

Secretary of State

DOCUMENT # P9500005265 (0)

SUBLIME PIES, INC.

Principal Place of Business Mailing Address								I JABIJABI HA KUTAFUU			ARRIO HOND ON	DI BIN IDDI
183 N COCONUT PALM BLVD. TAVERNIER FL 33070			206 CORAL RD ISLAMORADA FL 33036-3116 US									
1 :								3. Date Incorporated	or Qualified	3a. Da	ite of Last F	Report
			1 1 1 2 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					01/20/1995 04/02/1996				
2. Principal Place of Business			2a. Mailing Address					4. FEI Number			· · ·	pplied For
Suite, Apt. #, etc.			Suite, Apt. #, etc.					65-0566281_				lot Applicable
22			27					5. Certificate of Status Desired Serviced Fee Required				
City & State			City & State					Election Campaign Financing S.00 May Be Trust Fund Contribution Added to Fees				
Zip Country			Zip Country					Trust Fund Contrib				to Fees
24	25	29	ı — — — — — — — — — — — — — — — — — —			,		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes				
9, Name and Address of Current						J	10. Name and Address of New Registered Agent					
DAN	IZIG, HENRY				81	Namo)					
193 N COCONUT PALM BLVD. TAVERNIER FL 33070					82	Ctrool	Addros	ss (P.O. Box Number is	Not Assessable	le)		
					02	Street	I AUDIUS	ss (F.O. Dox Number is	Noi Acceptab	ie)		
					83							
					84	City	~				85 Zip	Code
11 Purcuant	to the provisions of Sections 607,050	12 and 60	07 1608 Florida Statul	lae tha		n paper	d corpor	ration submite this state	mont for the e	FL	abanaina i	ito registered
office or r	egistered agent, or both, in the State im familiar with, and accept the oblic	e of Floric	ła. Such change was -	authoriza	ed b	y the co	rporation	n's board of directors. I	hereby accep	it the appo	ointment as	s registered
SIGNATURE	int raininal with, and accept the oblig	janons or	, Section 007.0303, Fi	unica ot	21016	5 .					ne.	
SIGNATURE	Signature, typed or printed name of registered ag	end and the	if applicable (NOT	t : Fleg ster	ed Ag	ent signatu	re required	when reinstating)		DATE	<i>}</i>	
12.	OFFICERS AN	ID DIREC				13.		ADDITIONS/CHANG	ES TO OFFIC			
TITLE	D		☐ DELE1E		1.1 TITLE		0			~	X Change	Addition
NAME	DANZIG, HENRY 199-N-COCONUT PALM BLVD. 208 CORAL RO			1.2 NAME		DA	NZIG, HENRY					
STREET ADDRESS						ADDRESS		CORAL ROAD		_		
CITY-ST-ZIP TITLE	TAVERNIER FL 89070- /SL	M029	DELETE			ST - 71P	151	LAMORA ON FL	33086-3	3114	Channa	Addition
			☐ Differe		ITLE						Change	☐ Addition
NAME STREET ADDRESS					NAME	L ADEAN OO						
1						ADDRESS						
CITY-ST-ZIP TITLE			DELETE		UITLE	ST - ZIP	+				Change	Addition
NAME			Second Second	1	NAME						F.1 4.10.18c	
STREET ADDRESS						ADDRESS						
CITY-ST-ZIP						ST-ZIP						İ
TITLE			☐ DELETE		TITLE	****	1				Change	Addition
NAME				4 2	NAME							İ
STREET ADDRESS				4.3 5	STREET	ADDRESS						
CITY-ST-ZIP				4.4 0	OHY-5	ST-ZIP						
TITLE			DELETE	5.1	MLE						☐ Change	Addition
NAME				5.2	MAM:							
STREET ADDRESS			1	535	STREET	ADDRESS						
CITY-ST-ZIP				5.4 (CHY-S	ST - 7IP						
TITLE			☐ DELFTE	61	TITLE						Change	Addition
NAME				6.2	NAME							
STREET ADDRESS				6.3 \$	STREET	ADDRESS						
CITY-ST-ZIP				6.4 (CITY - S	ST-ZIP						

I do hereby certify that the information supplied with this filling 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 3 if changed, or or an attachment with an address.