**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P95000073244

1. Corporation Name BONGO FOODS, INC.

## May 01, 1999 8:00 am Secretary of State

05-01-1999 90020 015 \*\*\*150.00

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Principal Plac	ce of Business	Mailing Address		· · · · · · · · · · · · · · · · · · ·			10 14110 14941 B)	
422 LAKEVIEW DR #202		6				DAGE		
1					DO NOT WRITE	IN THIS S	PACE	
					<ol> <li>Date Incorporated or Qualified 09/20/1995</li> </ol>			
2. Principal P	Place of Business	2a. Mailing Address		- 43	4. FEI Number		Арр	lied For
21 790 /	B KIMBERLY Blue	1 26 7401 B-KI	mber	set Bha	65-0607130		Not	Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		\$8.75 A	
City & Stat	The Landerda le Goro	City & State	la de l	G. GI	6. Election Campaign Financing		\$5.00 N	•
23 /VOY		16 28 100 177 Cara			Trust Fund Contribution			1 669
ZIP 330	268 25 USA	29 330GS	30 Coun	A	This corporation owes the currer     Personal Property Tax.	ĺ	☐ Yes[	⊒No
	9. Name and Address of Curre	nt Registered Agent			10. Name and Address of New Re	gistered A	zent	
i			·	81 Name				
	REIRA, EDWARD		-	82 Street Addre	ess (P.O. Box Number is Not Acceptab	le)		
	LAKEVIEW DR #202							
FIL	LAUDERDALE FL 33326		\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	83				
;	•		-	84 City			85 Zip C	ode
					oration submits this statement for the p	<u>FL</u>		
SIGNATURE	Signature, typed or printed name of registered age	ent and title if applicable. (NOTE	E: Registered /	Agent signature required	when reinstating)  ADDITIONS/CHANGES TO OFF	DATE CERS AND	DIRECTO	RS IN 12
12. ;	D .	DELETE	1,1 TITL	E T			Change	☐ Addition
NAME ,	FERREIRA, EDWARD		1.2 NAM	AE			•	
STREET ADDRESS	400 LAVE BELL DD #000		1.3 STF	REET ADORESS		,		
CITY-ST-ZIP	FT LAUDERDALE FL 33326		1.4 CIT	Y-ST-ZIP				
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14. 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 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 of the receiver of 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 or an attact year address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP