NOW: FILING FEE AFTER MAY 1 IS $22.00

PROFIT
ORATION
ANNUAL REPORT
1996

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

DOCUMENT # **P95000079913 (6)**

1. Corporation Name
MILENA'S SPICES, INC.

Principal Place of Business	Mailing Address
10117 WEST OAKLAND PARK BLVD., STE. 390 SUNRISE FL 33351	10117 WEST OAKLAND PARK BLVD., STE. 390 SUNRISE FL 33351

3. Date Incorporated or Qualified: 10/16/1995
3a. Date of Last Report:

2. Principal Place of Business
21 7154 N. University Dr.
22 Suite 125
23 City & State: TAMARAC, FL. 33321
24 Zip:
25 Country: U.S. BROWARD

2a. Mailing Address
26 7154 N. University Dr.
27 Suite 125
28 City & State: TAMARA, FL. 33321
29 Zip:
30 Country: U.S.

4. FEI Number: 65-0613870 ☐ 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

9. Name and Address of Current Registered Agent

MACESICH, MILENA
10117 WEST OAKLAND PARK BLVD., STE. 390
SUNRISE FL 33351

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 7154 N. UNIVERSITY DR. SUITE 125
83
84 City: TAMARAC FL 85 Zip Code: 33321

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: Milena Macesich 4/5/96
Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when restating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PRESIDENT	☐ DELETE	1.1 TITLE	PRESIDENT	☒ Change ☐ Addition
NAME	MILENA MACESICH		1.2 NAME	MILENA MACESICH	
STREET ADDRESS	10117 W. OAKLAND PARK BLVD., STE 390		1.3 STREET ADDRESS	7154 N. UNIVERSITY DR., Suite 125	
CITY-ST-ZIP	SUNRISE, FL 33351		1.4 CITY-ST-ZIP	TAMARAC, FL. 33321	
TITLE		☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP			2.4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 13 if changed, or on an attachment with an address.

SIGNATURE: Milena Macesich 4/5/96 954-752-9907
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #