

FILE NOW: FILING FEE AFTER MAY 1 IS \$55.00

FILED

Mar 26 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # P95000079913 (6)

1. Corporation Name  
MILENA'S SPICES, INC.



Principal Place of Business  
7154 N. UNIVERSITY DR  
SUITE 125  
TAMARAC FL 33321

Mailing Address  
7154 N. UNIVERSITY DR  
SUITE 125  
TAMARAC FL 33321-2916

3. Date Incorporated or Qualified: 10/16/1995  
3a. Date of Last Report: 04/18/1996

2. Principal Place of Business: #2609  
21 8955 Ramblewood DR  
22 CORAL SPRINGS, FL  
23 33071 U.S.  
24 Zip: 25 Country: U.S.

2a. Mailing Address  
26 2401 DELGADO DR.  
27 TALLAHASSEE, FL  
28 32304 U.S.  
29 Zip: 30 Country: U.S.

4. FEI Number: 65-0613870  
5. Certificate of Status Desired: \$8.75 Additional Fee Required  
6. Election Campaign Financing: \$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  
7154 N UNIVERSITY DR  
SUITE 125  
TAMARAC FL 33321

10. Name and Address of New Registered Agent  
81 Name: MILENA MACESICH  
82 Street Address (P.O. Box Number is Not Acceptable): 8955 Ramblewood Dr. #2609  
83 CORAL SPRINGS, FL  
84 City: 85 Zip Code: 33071 FL

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* DATE: 3/20/97  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
P	MACESICH, MILENA	7154 N UNIVERSITY DR, SUITE 125	TAMARAC FL 33321	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE	Change	Addition
P	MACESICH, MILENA	8955 Ramblewood Dr. 2609	CORAL SPRINGS, FL 33071	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

14. I do 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 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* DATE: 3/20/97 DAYTIME PHONE #: 954-752-9907

CR2E034 (9/96)