FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P95000088594 (3) **POCUMENT** #

CAMILLE'S LOLLIPOPS AND RAINBOWS INC.

FILED May 08 1998 8:00am Secretary of State



| Principal Place of Business Mailing Address | | | | | 1 10011901 110 1010) 31111 40111 40111 40111 | AD124 15141 (6151 61110 14111 6164 1464 |
|---|--|------------------------------|----------------------|--|--|---|
| 809 NE 125 S | TREET | 809 NE 125 STREET | | | | |
| NO MIAMI FL 33161 | | NO MIAMI FL 33161 | | DO NOT WRITE IN THIS SPACE | | |
| | | | | | 3. Date Incorporated or Qualified | 77770077702 |
| | | | | | 11/17/1995 | |
| 2. Principal Pi | lace of Business | 2a. Mailing Address | | | 4. FEI Number | Applied For |
| 21 | | 26 | 26 | | 65-0616541 | Not Applicable |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | Suite, Apt. #, etc. | | | \$8.75 Additional |
| 22 | | 27 | | | Certificate of States Desired | Fee Required |
| City & State | | City & State | <u>├─</u> 1 | | 6. Election Campaign Financing | \$5.00 May Be |
| 23 | | Zip Country | | Trust Fund Contribution | Added to Fees | |
| Zip | Country Zip | | ├ ─¬ | 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No | | |
| 24 | 25 9. Name and Address of Curi | 29 ent Registered Agent | [30] | | 10. Name and Address of New Regi | |
| 1411 | RATORE, PIA | | | B1 Name | | |
| | NE 125 STREET | | - | DD Change | Address (C.O. Day Number in Not Acceptable | · · · · · · · · · · · · · · · · · · · |
| | MIAMI FL 33161 | | | 82 Street | : Address (P.O. Box Number is Not Acceptable | " |
| .,,, | migani re oo to t | | ľ | 83 | | |
| | | | - | 84 City | | 85 Zip Code |
| | | | | B4 City | | FL 85 Zip Code |
| 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 lamiliar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE 120/86 | | | | | | |
| SIGNATURE Sometime, typed or printed name of registered agent and this if applicable (NOTE: Registored Agent signature required when reinstating) DATE | | | | | | |
| 12. | | ND DIRECTORS | 13. | | ADDITIONS/CHANGES TO OFFICE | RS AND DIRECTORS IN 12 |
| TITLE | PD DELETE | | 1.1 TIT | .E | | Change . Addition |
| NAME | MURATORE, ANTHONY | 1.23 | | ME | | |
| STREET ADDRESS | 809 NE 125 STREET | 1.3 \$ | | REE1 ADDRESS | | 1 |
| CITY-ST-ZIP | NO MIAMI FL 33161 | | 1.4 C(TY-ST-ZIP | | | Change Addition |
| TITLE | ST NUMBER OF | DELETE | | | | Change Addition |
| NAME | MURATORE, PIA | | 2.2 NA | | | |
| STREET ADDRESS | 80 0 NE 125 ST. N MIAMI FL 33161 | | 2 3 STREE I ADDRES | | | |
| CITY-ST-ZIP TITLE | 14 MIAMI PC 33101 | T DELETE | DELETE 3.1 TITLE | | | ☐ Change ☐ Addition |
| NAME | | C Deterior | 3.2 NAME | | | |
| STREET ADDRESS | | | | REET ADDRESS | | |
| CITY-ST-ZIP | | | 3.4. CITY - ST - ZIP | | | |
| TITLE | | | 4.1 101 | | | Change Addition |
| NAME | | | 4. 2 NA | ME | | |
| STREET ADDRESS | | | 4.3 ST6 | reet address | | |
| CITY-ST-ZIP | | | 4.4 CIT | Y-S1-ZIP | | |
| TITLE | | DELETE 5.1 T | | LE | | Change Addition |
| NAME | | | 5 2 NA | ME | | るつ、 |
| STREET ADDRESS | | | 5.3 \$18 | reet address | | 5. 9 |
| CITY-ST-ZIP | | | | Y-ST-ZIP | | |
| TITLE | | L_ DELETE | | | | Change Addition |
| NAME | | | 62 NA | | 300002517 -05/08/9801092 | DC-3 |
| STREET ADDRESS | | | | REET ADDRESS | -05/08/3801032 | 064 |
| CITY-ST-ZIP | | 100 | 6 4 CH | Y-ST-ZIP | ***150.00 | where partify that the information |

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 informatic 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 changes, or on an attachment with an address.

6/20/8