

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

FILED
May 01 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P95000090193 (0)

1. Corporation Name
FINE FONES, INC.



Principal Place of Business
890 SO. DIXIE HIGHWAY
MIAMI FL 33148

Mailing Address
890 SO. DIXIE HIGHWAY
MIAMI FL 33148-2603

3. Date Incorporated or Qualified
11/22/1995

3a. Date of Last Report
05/01/1996

2. Principal Place of Business
21 2222 Ponce de Leon Blvd
Suite, Apt. #, etc.
22 600

2a. Mailing Address
26 2222 Ponce de Leon Blvd
Suite, Apt. #, etc.
27 600

4. FEI Number
65-0642112
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

23 Coral Gables, FL
City & State
24 33134
Zip
25 Dade
Country

28 Coral Gables, FL
City & State
29 33134
Zip
30 Dade
Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HICKEY, HAROLD V
890 SO. DIXIE HIGHWAY
MIAMI FL 33148

81 Name Hickey Harold V.
82 Street Address (P.O. Box Number is Not Acceptable)
2222 Ponce de Leon Blvd #600
83
84 City Coral Gables, FL
85 Zip Code 33134

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME PSD
HICKEY, HAROLD V
STREET ADDRESS
890 SO. DIXIE HIGHWAY
CITY - ST - ZIP MIAMI FL 33148 ☐ DELETE

TITLE
NAME VTD
HICKEY, SHARON S
STREET ADDRESS
890 SO. DIXIE HIGHWAY
CITY - ST - ZIP MIAMI FL 33148 ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ DELETE

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS 2222 Ponce de Leon Blvd #600
1.4 CITY - ST - ZIP Coral Gables, FL 33134 ☐ Change ☐ Addition

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS 2222 Ponce de Leon Blvd #600
2.4 CITY - ST - ZIP Coral Gables, FL 33134 ☐ Change ☐ Addition

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP ☐ Change ☐ Addition

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP ☐ Change ☐ Addition

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP ☐ Change ☐ Addition

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP ☐ Change ☐ Addition

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: [Signature]

CR2E034 (9/96)