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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sanyte B. Mortham Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P9600001242 (2)

CHOCOLIT INDUSTRIES, INC.

FILED
May 20 1997 8:00am
Secretary of State

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Principal Place	e of Business	Mailing Address			. 1 188 1188 118 1819 Britt Baill Baill Baill Baill Baill Baill Baill Baill				
10230 GW. 14		O DIST. W. 2 06901	10830_S_W1 42ND -COURT)						
MIAMI FL 3318	•	MIAMI FL 33186-6977	611313	41	2133 Pd	50			
	11313 5W 13 Mi 3Mi - PC	3 Place	Diom	ارز	A.	3. Date Incorporated or Qualified	3a. Da	te of Last F	Beport
	Miami-Pc	93186		3	PC 19186	01/04/1996		ic or educi	- CPOR
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number		I A	pplied For
1		26				45-0639570		+	ot Applicabl
Suite, Apt.	#, etc.	Suite, Apt. #, etc	•			5. Certificate of Status Desired		,	Additional equired
City & State	9	City & State		· -		6. Election Campaign Financing		 	May Be
3		28				Trust Fund Contribution			to Fees
Zip	Country	Zip	Cour	ntry		8. This corporation has liability for	intangible		
4	25	29	30				Yes [
	9. Name and Address of Cui	rrent Registered Agent				10. Name and Address of New Re	gistered A	gent	
MOI	NZON, DANILLO E]+	81	Name				
102	30-8-W142ND COURT (1313500 1386	ૄ ⊦;	82	Street Address	ss (P.O. Box Number is Not Acceptal	10)		
	MI FL 83188	13135W 133F Yami-ft 331	810	02	Street Address	ss (1.10), blox Nulliber is not Acceptai	JIC)		
•2,		1 11 11 10 00		83					
			ļ.,	B4	04.			Tot 7:-	Ondo
N.			}'	54	City		FL	85 Zip	Code
11. Pursuant	to the provisions of Sections 607.	0502 and 607, 1508, Florida S	tatules, the ab	OV0-I	named corpor	ration submits this statement for the	ourpose of	changing i	ts registered
office or r	egistered agent, or both, in the St m familiar with, and accept the ob	tate of Etorida. Such change s	vas authorized	l by t	the corporatio	n's board of directors. I heroby acce	ot the appo	ointment as	registered
	m lammar with, and access the or	oligations of, Section bor.050	o, rionoa siait	JRS.					
SIGNATURE	Signature, typed or printed name of registered	5 agent and title if applicable	(NOTL: Registered	Agent	t signature required	when toinstating)	DATE		
12.		AND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFIC	ERS AND	DIRECTOR	RS IN 12
TITLE	D	☐ DELFTE	1.1 1(1)	Lŧ	T			Change	Additio
NAME	MONZON, DANILO E		1.2 NAM	ME					
STREET ADDRESS	-10290 O.W. 142ND COURT	•	1.3 \$16	RELLAI	DDRESS	313 561 133 1	Plac	P	
CITY-ST-ZIP	MIAMI FL 33186		1.4 CIT		7IP	313, 5W 133 18	6		
TITLE	D	DELETE				10 0010		Change	Additio
NAME	JIMENEZ, CARLA B		2.2 NA			_		7	
STREET ADDRESS	-10230 G.W. 142ND COURT	•			DORESS 1	313 90 133 1	acc		
CHTY-ST-ZIP	MIAMI FL 33188		2, 4 011		.70	313 SW 133 A	<u>خلہ</u> آ		
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STREET ADDRESS	ı				DODECC				
	*				DORESS				
CITY-\$T-ZIP Title		DELETE	4.4 CIT		211			Change	Additio
NAME		ביין אנננון	5.2 NA					— Sharige	Audito
· ·					DODECO				
STREET ADDRESS					DDRESS				
CITY-ST-ZIP		DELETI	5.4 CR		· ZIP			Change	Additio
TITLE		L) VELETI						FT1 Ananôe	[_] Addillo
NAME			6.2 NA/]				
Street address					DORESS [
CITY-ST-ZIP			6.4 C/1	Y - ST -	ZIP				

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 eath; that I am an officer or director of the corporation or the receiver or trustice 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:

Rela Danena

5/10/97

(305)3869726