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FILED
May 06 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P96000005147 (9)

1. Corporation Name

DC SUGAR ART INC.



Principal Place of Business

Mailing Address

8 CURTISS PARKWAY
MIAMI SPRINGS FL 33166-5219

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MIAMI SPRINGS FL 33166-5219

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/17/1996

4. FEI Number

65-0633855

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25

29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DIAZ, PEDRO A
40 EAST 8 STREET #4
HIALEAH FL 33010

81 Name Concepcion, Miguel

82 Street Address (P.O. Box Number is Not Acceptable)
5631 NW 174 Drive

83

84 City Carol City, FL 85 Zip Code 33055

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]

Signature, printed or printed name of registered agent and fee, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE PD
NAME DIAZ, PEDRO A
STREET ADDRESS 40 EAST 8 STREET #4
CITY-ST-ZIP HIALEAH FL 33010

TITLE VD
NAME CONCEPCION, MIGUEL
STREET ADDRESS 5631 NW 174 PL
CITY-ST-ZIP CAROL CITY FL 33055

TITLE TD
NAME CONCEPCION, GLADYS
STREET ADDRESS 5631 NW 174 PLACE
CITY-ST-ZIP CAROL CITY FL 33055

TITLE SD
NAME CASTILLEIRA, MARIA G
STREET ADDRESS 40 EAST 8 STREET #4
CITY-ST-ZIP HIALEAH FL 33010

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☒ Change ☐ Addition

1.1 TITLE SD
1.2 NAME PEDRO ABILIO DIAZ
1.3 STREET ADDRESS 40 East 8 Street # 4
1.4 CITY-ST-ZIP Hialeah FL 33010

2.1 TITLE VD ☒ Change ☐ Addition
2.2 NAME CONCEPCION, MIGUEL
2.3 STREET ADDRESS 5631 NW 174 PL
2.4 CITY-ST-ZIP Carol City FL 33055

3.1 TITLE PD ☒ Change ☐ Addition
3.2 NAME CONCEPCION GLADYS
3.3 STREET ADDRESS 5631 NW 174 Place
3.4 CITY-ST-ZIP Carol City FL 33055

4.1 TITLE TS ☒ Change ☐ Addition
4.2 NAME CASTILLEIRA, MARIA GRISELL
4.3 STREET ADDRESS 40 East 8 Street # 4
4.4 CITY-ST-ZIP Hialeah Florida 33010

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

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

14. 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 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]

4/24/98

CR2E034 (10/97)