

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

FILED

May 08 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 # P96000028866 (7)

1. Corporation Name
FRUITFULNESS, INC.

Principal Place of Business
4550 OAK HAVEN DRIVE, SUITE 202
ORLANDO FL 32839

Mailing Address
4550 OAK HAVEN DRIVE, SUITE 202
ORLANDO FL 32839-5805



2. Principal Place of Business
21 5850 LAKEHURST DR

2a. Mailing Address

Suite, Apt. #, etc.
22 SUITE 200-1

Suite, Apt. #, etc.

City & State
23 ORLANDO, FL

City & State

Zip
24 32819

Country
25 US

Zip
29

Country
30

3. Date Incorporated or Qualified
03/27/1996

3a. Date of Last Report

4. FEI Number
59-3366533

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

9. Name and Address of Current Registered Agent

RAMOS, JOSE L
1607 LAKE STREET
ORLANDO FL 32803

10. Name and Address of New Registered Agent

81 Name RAMOS, JOSE L.
82 Street Address (P.O. Box Number is Not Acceptable)
5381-B HOFFMANN AVENUE
83
84 City ORLANDO FL 85 Zip Code 32812

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]* JOSE L. RAMOS 1/23/97
(NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	DE OLIVEIRA, CESAR A	
STREET ADDRESS	4550 OAK HAVEN DRIVE, SUITE 202	
CITY - ST - ZIP	ORLANDO FL 32839	
TITLE	VSD	<input type="checkbox"/> DELETE
NAME	BEZERRA, JOSEMYLDSON	
STREET ADDRESS	4550 OAK HAVEN DRIVE, SUITE 202	
CITY - ST - ZIP	ORLANDO FL 32839	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	BRANDAO, MONICA X	
STREET ADDRESS	4550 OAK HAVEN DRIVE, SUITE 202	
CITY - ST - ZIP	ORLANDO FL 32839	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

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]* JOSEMYLDSON BEZERRA
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-25-97

(407) 761-1887

Date

Daytime Phone #

0096401

CR2E034 (9/96)