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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000031354

CIMA FOODS INC.

FILED Feb 17, 1999 8:00am **Secretary of State**

02-17-1999 90097 001 ***150.00

Principal Place of Business 690 GREEN RIVER LANE DAVIE FL 33325	Mailing Address 690 GREEN RIVER LANI DAVIE FL 33325	E	DO NOT WE	RITE IN THIS SPACE	
2 Principal Plus			3. Date Incorporated or Qualifer	ed	
2. Principal Place of Business	2a. Mailing Address		04/02/1996 4. FEI Number		
Suite, Apt. #, etc.	26		65-0651669	— - -	Applied For
22	Suite, Apt. #, etc.				Not Applicable
City & State	27		5. Certifcate of Status Desired		Additional
23	City & State		6. Election Campaign Financing		Required
Zip Country	28		Trust Fund Contribution		0 May Be
25	29	Country	8. This corporation owes the cur	rrent year intancible	d to Fees
9. Name and Address of Curr	ent Registered Agent	30	Personal Property Tax.	ΠVes	□No
	and Agent	81 Name	10. Name and Address of New	Registered Agent	
MANRIQUE, CARLOS		Name			
690 GREEN RIVER LANE		82 Street Add	dress (P.O. Box Number is Not Accepta	ahle)	
DAVIE FL 33325		83		abio)	
•		83		in the second of the second	111.12111111
		84 City		20. (5. (457) (6.5. (72) (6. 	
Maria de la compansión de		1		85 Zip	Code
11. Pursuant to the provisions of Sections 607.05 office or registered agent, or both, in the State agent. I am familiar with, and accept the oblig SIGNATURE	1200,710	tes, the above-named corporation authorized by the corporational Statutes.	poration submits this statement for the on's board of directors. I hereby accept	purpose of changing its ot the appointment as re	s registered egistered
SIGNATURE Signature, typed or printed name of registered age 2. OFFICERS A	ent and title if applicable. (NOTE	tes, the above-named corp authorized by the corporationida Statutes. Registered Agent signature require	d when reinstating) $+(-iS)$	DATE	
SIGNATURE Signature, typed or printed name of registered age 2. OFFICERS AI TLE P	ent and title if applicable. (NOTE	Registered Agent signature require	d when reinstating)	DATE FICERS AND DIRECTO	DRS IN 12
SIGNATURE Signature, typed or printed name of registered age 2. OFFICERS AI TLE P MANRIQUE, CARLOS O	ent and title if applicable. (NOTE	Registered Agent signature require	d when reinstating) $+(-iS)$	DATE	
2. OFFICERS AI TLE P MANRIQUE, CARLOS O REETADDRESS 690 GREEN RIVER LANE	ent and title if applicable. (NOTE	Registered Agent signature require 13. 1.1 ΠΤΙΣΕ	ADDITIONS/CHANGES TO OFF	DATE FICERS AND DIRECTO	DRS IN 12
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I hereby certify that the information superied with this ting 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 aprilud 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, with all other like empowered.

SIGNATURE: