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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**  Mar 01, 1999 8:00 am Secretary of State 03-01-1999 90132 008 \*\*\*150.00

**FILED** 

1999

## DOCUMENT # P9600037045 1. Corporation Name

NEIKIN	FOODS, INC.				•	
Principal Place of Business Mailing Address						T SPRINGER FOR INDICATE AND IN AND IN AND IN AND IN AND AND AND AND AND AND AND AND AND AN
860 NE 79TH STREET 860 NE 79TH STREET						\ \
MIAMI FL 33138 - MIAMI FL 33139						DO NOT WRITE IN THIS SPACE
}						3. Date Incorporated or Qualifed
		7930 EAST D	x #2	<u> 23</u>	30	04/29/1996
2. Principal Place of Business 2a. Mailing Address						4. FEI Number Applied For Not Applicable
Suite, Apt.	# etc	Suite, Apt. #, etc.				\$8.75 Additional
22	ir, 010.	27 N.B.V. FL.				5. Certificate of Status Desired Fee Required
City & Stat	е	City & State				6. Election Campaign Financing St.00 May Be Trust Fund Contribution Added to Fees
Zip	Country 25	Zigouli	Cour	ű	sA.	8. This corporation owes the current year Intangible Personal Property Tax.
	9. Name and Address of Curren	t Registered Agent				10. Name and Address of New Registered Agent
	IZINI AANINA			81	Name	i
NETKIN, SONNY				82	Street Addr	ress (P.O. Box Number is Not Acceptable)
7930 E DR #231				00		
N.B.V FL 33141			ł	83		
14.0.	* (C 001+1			84	City	FL 85 Zip Code
office or re agent. I a	egistered agent, or both, in the State on the state of the state of the obligation o	of Florida. Such change was all ions of, Section 607.0505, Flor	uthorized rida Statu	by ites	the corporation	poration submits this statement for the purpose of changing its registered on's board of directors. I hereby accept the appointment as registered and when reinstating)  DATE
12.	Signature, typed or printed name of registered agen- OFFICERS AN		13.	- Gen	it signatura radona	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD	☐ DELETE	1.1 TIT	LΕ		☐ Change ☐ Addition
NAME	NETKIN, SONNY		1.2 NA	ME		
STREET ADDRESS	AAA ALE HATTI AVOETT		1.3 STI	1.3 STREET ADDRESS		·
CITY-ST-ZIP	MIAMI FL 33138		1.4 CIT	Y-\$1	T-ZIP	
TITLE		☐ DELETE	2.1 777		ŧ	☐ Change ☐ Addition
NAME			2.2 NA			
STREET ADDRESS					T ADDRESS	and the second of the second of
CITY-ST-ZIP TITLE		☐ DELETE	2, 4 CF 3,1 TIT		11-ZIP	Change Addition
NAME			3.2 NA			
STREET ADDRESS			3.3 STI	REET	FADDRESS	
CITY-ST-ZIP			3.4, CI	TY-S	T-ZIP	
TITLE		☐ DELETE	4.1 TIT	LE.		Change Addition
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CITY-ST-ZIP		DELETE	4.4 CIT 5.1 TIT		T-ZIP	☐ Change ☐ Addition
TITLE		C) hereig	5.1 III 5.2 NA		1	
NAME STREET ADDRESS					T ADDRESS	
STREET ADDRESS			54 CII		Į į	

6.4 CITY-ST-ZIP 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 conforation or the receiver or frustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if charged, or by an attachment with an address with all other like empowered.

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

DELETE

SIGNATURE:

TITLE

NAME

STREET ADDRESS

☐ Change

Addition