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

**PROFIT CORPORATION ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

**DOCUMENT #** P96000037870 (8)

**FILED** Mar 30 1998 8:00am Secretary of State

L&S	CONFECTIONS, INC.	000,010 (0)			
Principal Plac	ce of Business	Mailing Address		# HODDING BERT HE CORE OF THE COLOR OF THE C	
12101 SW 88 AVENUE 12101 SW 88 AVENUE					
MIAMI FL 3:	3176	MIAMI FL 33176		DO NOT WRITE IN THIS SPACE	
				3. Date Incorporated or Qualified	
				04/29/1996	
2. Principal f	Piace of Business	2a. Mailing Address			lied For
21		26		A A A A	Applicable
Sulte, Apt	#, etc.	Suite, Apt. #, etc.		\$0.7E	<del></del>
22 27				6. Certificate of Status Desired Fee Requ	
City & State		City & State		6. Election Campaign Financing \$5.00 May Be	
23	····	28		Trust Fund Contribution	
Zip	Country	Zip	Country	8. This corporation owes or has paid the current year Intan	
24	9. Name and Address of Curren		30	Personal Property Tax due June 30. Yes	No
1//		r uedistaten Watit	81 Name	10. Name and Address of New Registered Agent	
	AFKA, SUSAN				
	2101 SW 88 AVENUE		82 Street Add	dress (P.O. Box Number is Not Acceptable)	
· Mi	AMI FL 33176		83		
			84 City	FL 85 Zip Co	i
11. Pursuant office or	to the provisions of Sections 607.0502 registered agent, or both, in the State	2 and 607.1508, Florida Statute of Florida. Such change was a	s, the above-named coruthorized by the corpora	poration submits this statement for the purpose of changing its ration's board of directors. I hereby accept the appointment as re	egistered gistered
agent. ra	im familiar with, and accept the obliga	itions of, Section 607.0505, Flor	rida Statutes.		
SIGNATURE	Signature, typed or printed name of registered agen	ril and title if applicable (NOTE:	Registered Agent signature requ	ired when reinstating) - DATE	
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	N 12
TITLE	D	☐ DELETE	1.1 TITLE	☐ Change	Addition
NAME	KAFKA, SUSAN		1.2 NAME		:
STREET ADDRESS	12101 SW 88 AVENUE		1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33176		1.4 CtTY-ST-ZIP		
TITLE	D OUDENDEDO LEONADO	DELETE	2.1 TITLE	Change [	Addition
NAME	GOLDENBERG, LEONARD		2.2 NAME		}
STREET ADDRESS	1201 S OCEAN DR 703N HOLLYWOOD FL		2.3 STREET ADDRESS		Ì
CITY-ST-ZIP TITLE	D CLLTWOOD FL	☐ DELETE	2. 4 CITY-ST-ZIP 3.1 TITLE		1.4400
NAME	GOLDENBERG, KAREN	☐ bittit		L Change (	Addition
STREET ADDRESS	1201 S OCEAN DR 703N		3.2 NAME		1
CITY-ST-ZIP	HOLLYWOOD FL		3.3 STREET ADDRESS		
TITLE	1100010	DELETE	3.4. CITY-ST-ZIP 4.1 TITLE	☐ Change	Addition
NAME			4. 2 NAME	Criango (	Addition
STREET ADDRESS			4.3 STREET ADDRESS	•	1
CITY-ST-ZIP			4.4 CITY - ST - ZIP		
TITLE		DELETE	5.1 TITLE	☐ Change	Addition
NAME			5.2 NAME	onlying	
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE	☐ Change	Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			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 an an attachment with an address.