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

Principal Place of Business

Block 12 or Block 13 if chap



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

OCUMENT # P96000037912 (8)

FILED Feb 06 1998 8:00am Secretary of State

YANCE & SAENZ DELICIOUS, INC. Mailing Address 7390 SW 99 STREET 7390 SW 99 STREET MIAMI FL 33156 MIAMI FL 33156 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 05/02/1996 2. Principal Place of Business 2a. Mailing Address Applied For 65-0662168 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 Trust Fund Contribution Added to Fees Country Zin Country 8. This corporation owes or has paid the current year Intangible Yes Personal Property Tax due June 30. 24 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 YANCE, NAZARIO A 7390 SW 99 STREET 82 Street Address (P.O. Box Number is Not Acceptable) **MIAMI FL 33158** 83 84 Zip Code 85 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. Lam familiar with any accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE (NOTE: Registered Agent's gnature required when reinstating) OFFICERS AND DIRECTORS 12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE Change Addition TITLE 1.1 101.0 YANCE, NAZARIO A 1.2 NAME NAME 7390 SW 99 STREET STREET ADDRESS 1.3 STREET ADDRESS MIAMI FL 33156 CHTY-ST-ZIP 1.4 CITY - ST - 7IP DELETE Change Addition TiTLE 2.1 TITLE YANCE, LUCY S 2.2 NAME NAME 7390 SW 99 STREET STREET ADDRESS 2.3 STREET ADDRESS MIAMI FL 33158 CITY-ST-ZIP 2. 4 City - St - ZiP DUTTE Change Addition 3.1 THLE NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY - S1 - ZIP CITY-ST-ZIP DILLIE 4.1 THEF Change Addition TITLE 4 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIF DECETE Change Addition TITLE 5.1 TOTE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DITE Addition Change TITLE 6.1 11111 NAME 6.2 NAME 63 STREET ADDRESS STREET ADDRESS 14. Thereby 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 true lee dypowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in

and by Chapler 607, Florida Statutes; and that my name appears in