

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000040771 (3)

1. Corporation Name
SPIEDIE SPOT, INC.

97 AUG 13 PM 12:32

SECRETARY OF STATE
TALLAHASSEE FLORIDA



Principal Place of Business

14930 N.W. 8TH AVE.
MIAMI FL 33168

Mailing Address

14930 N.W. 8TH AVE.
MIAMI FL 33168-3114

SAME AS ABOVE

SAME AS ABOVE

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

05/06/1996

3a. Date of Last Report

N/A

4. FEI Number

N/A

Applied For
☒ Not Applicable

5. Certificate of Status Desired

☒ N/A \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☒ N/A \$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

LEGER, OMICILE
14930 N.W. 8TH AVE.
MIAMI FL 33168

10. Name and Address of New Registered Agent

81 Name

N/A

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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 SAME ABOVE AGENT RETAINED

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME
STREET ADDRESS N/A
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE officer ☐ Change ☒ Addition
1.2 NAME Perry Pet Kash
1.3 STREET ADDRESS 76 Tobey Rd
1.4 CITY-ST-ZIP Haverhill, NY 13787-1340

2.1 TITLE president (director) ☐ Change ☒ Addition
2.2 NAME Francois Levelt
2.3 STREET ADDRESS 471 N.E. 180 Dr.
2.4 CITY-ST-ZIP N. Miami B. Fl. 33162

3.1 TITLE officer ☐ Change ☒ Addition
3.2 NAME Laraque j. Baptiste
3.3 STREET ADDRESS 471 N.E. 180 Dr.
3.4 CITY-ST-ZIP N. Miami B. Fl. 3316

4.1 TITLE officer ☐ Change ☒ Addition
4.2 NAME Jean R. Baptiste
4.3 STREET ADDRESS 14930 N.W. 8 Ave
4.4 CITY-ST-ZIP Miami, Fl. 33168

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
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]* 4-21-97

CR2E034 (9/96)