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

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STAT

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000058916 (3)

FILED Feb 05 1998 8:00am Secretary of State

t	n Name	or eocoo	"		
19 6 P	BABY FOOD PLACE, INC.				
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Principal Place	e of Business	Mailing Address		{	U) 11 12 14 15 15 16 16 16 16 16 16
7424 N.E. 2N		7424 N.E. 2ND AVE.		1	
MIAMI FL 331		MIAMI FL 33138	•		
17/1/11/11 T C 001				DO NOT WRITE IN THIS	SPACE
				3. Date Incorporated or Qualified	
				07/12/1996	
	lace of Business	2a. Mailing Aedress	0	4. FEI Number	Applied For
	ul	26)(2	ul_	65-0689343	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22		27			Fee Required
City & State	е	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the cu	
24	25	29	30	Personal Property Tax due June 30. 10. Name and Address of New Registered	Yes I No
	9. Name and Address of Curre	nt Registered Agent	81 Name	10. Name and Address of New Negistered	Agent
	USSAINT, ELVIS		oi name		
1260 N.E. 211 STREET			82 Street Add	ress (P.O. Box Number is Not Acceptable)	
MIA	AMI FL 33138	'			
			83		
			84 City		85 Zip Code
			1 1 1	<u>FL</u>	-
11. Pursuant	to the provisions of Sections 607.05	02 and 607.1528, Florida St	atutes, the above-named corp	oration submits this statement for the purpose of the board of directors. I hereby accept the appropriate the statement of the purpose of of the pu	of changing its registered
office or r	edistered agent, or both, in the state in familiar with, and accept the oblig	ations of Section 607,0505	, Florida Statutes.	to 13 Board of directors. I hereby accept any dep	200
SIGNATURE	- Land	1/20	- Woriclesof	1/23	9/7X
SIGNATORE_	anguarie, typed or printed name of registered as		NOTE: Registered Agent signature requi		/
12.		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AN	
TITLE	Þ 🚀		1.1 TITLE		
	, ,	DELETE			Change Addition
NAME	TOUSSAINT, ELVIS	[_] DELETE	1.2 NAME		Charge Addition
name Street address	TOUSSAINT, ELVIS 1260 N.E. 211 STREET	_			Change Addition
	Toussaint, Elvis 1260 N.E. 211 Street North Miami Beach Fl. 33	3179	1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP		
STREET ADDRESS	TOUSSAINT, ELVIS 1260 N.E. 211 STREET	_	1.2 NAME 1.3 STREET ADDRESS		Change Addition
STREET ADDRESS CITY-ST-ZIP	Toussaint, Elvis 1260 N.E. 211 Street North Miami Beach Fl. 33	3179	1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP		
STREET ADDRESS CITY-ST-ZIP TITLE	Toussaint, Elvis 1260 N.E. 211 Street North Miami Beach Fl 33 VP	3179	1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE		
STREET ADDRESS CITY-ST-ZIP TITLE NAME	Toussaint, Elvis 1260 N.E. 211 Street North Miami Beach fl 33 VP Gislaine, Joseph	B179	1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME		☐ Change ☐ Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	TOUSSAINT, ELVIS 1260 N.E. 211 STREET NORTH MIAMI BEACH FL 33 VP GISLAINE, JOSEPH 9760 S.W. 14 COURT	3179	1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS		
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14. Thereby certify that the information explied with this filling 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 of 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 of trustee employeered 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 open attachment with an application.

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TO STARFASTINION TIMES - PLOSINON

1/23/97 (2057)06-6461

CR2E034 (10/97