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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

May 19 1997 8:00am

Secretary of State

1997

DOCUMENT # P96000100644 (9)

MIAMI SWEETS, INC.

Principal Place of Business Mailing Address 7870 GRANADA BLVD. 7870 GRANADA BLVD. APT. 602 APT, 602 **BOCA RATON FL 33433** BOCA RATON FL 33433-6317 3. Date Incorporated or Qualified 3a. Date of Last Report 12/12/1996 2. Principal Place of Business 2a. Mailing Address Applied For 21 78-0 3M/JADA Sulto, Apt. #, etc. 26 1870 GRA Not Applicable Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Country 8. This corporation has liability for intangible tax under s. 199.032, 24 25 ☐ Yes ☐ No Florida Statutes 29 9, Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Namo **BEAN, RANDY** 7870 GRANADA PLACE 82 Street Address (P.O. Box Number is Not Acceptable) APT. 602 83 **BOCA RATON FL 33433** 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 Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent's gnature required when reinstating) OFFICERS AND DIRECTORS 12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/6) DELETE TITLE 1.1 TITLE ☐ Change Addition NAME 1.2 NAME STREET ADDRESS 1.3 STREET ADDRESS CITY-ST-ZIP 1.4 CHTY - ST - ZIP TITLE Change Addition 2.1 11116 NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE THUE 3.1 TITLE Change Addition NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE TITLE 4.1 TITLE Change Addition NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - \$1 - 7IP DELETE TIFLE 5.1 THLE ☐ Change Addition NAME 52 NAME STREET ADDRESS 5.9 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-7IP DELETE Channe Addition 6111111 NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 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 eath; 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 anyall channel with an address.

SIGNATURE: Ronald from