PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P9700005389

THE MAKES THE TIE

VIZCAYA YOGURT, INC.

Principal Place of Business

Mailing Address

FILED Apr 23, 1999 8:00 am Secretary of State

04-23-1999 90171 021 ***150.00



STE. C. 114 SW 10TH ST. FT. LAUDERDALE FL 33315		STE. C. 114 SW 101H ST. FT. LAUDERDALE FL 33315		DO NOT WRITE IN TH	IIC CDACE	
•		•			13 3FACE	
			2	3. Date Incorporated or Qualifed 01/17/1997		
2. Principal P	lace of Business	2a. Mailing Address	-	4. FEI Number	<u>-</u> _	oplied For
21 8/9	NOB HILL KN	26		65-0723656	No.	ot Applicable
Suite, Apt.	#, etc.	Suite Apt. #Aetc.		5. Certificate of Status Desired	\$8.75 / Fee Re	Additional equired
Cim & State City & State City & State 23 PLANTATION. FL 28				6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip Coluntry Zip 24 333 Z 4 25 U S A 29 34			Country	8. This corporation owes the current year Intangible Personal Property Tax.		
	9. Name and Address of Current			10. Name and Address of New Registers	d Agent	
FILIN	IGS, INC.		81 Name	YONGE, MARK		
	N.W. 16TH STREET		82 Street A	ddress (P.O. Box Number is Not Acceptable)	e	
	AUDERDALE FL 33311-4132		83	1-1 200 8/11 1-01-4-1		
			84 City	-LAUDERAGE F		8/5
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes,	the above-named corrided by the corner	corporation submits this statement for the purpose ration's board of directors. I hereby accept the app	or cnanging its pointment as re	registerea gistered
agent. I a	m familiar with App accept the obligati	ons of, Section 607,0505, Florida	Statutes.	10/	la a	-
SIGNATURE	MAGRICA	e_ Prefile	w/	1/20/	99	
			gistered Agent signature rec		AND DIDECT	200 IN 12
12.	OFFICERS ANI		13.	ADDITIONS/CHANGES TO OFFICERS	Change	Addition
TITLE	D ~	☐ DELETE	1.1 TITLE		Change	
NAME	YONGE, MARK		1.2 NAME	57e, A		
STREET ADDRESS	STE. C, 114 SW 10TH ST.		1.3 STREET ADDRESS	2 Kin		
CITY-ST-ZIP	FT. LAUDERDALE FL 33315		1.4 CITY-ST-ZIP		Change	Addition
TITLE		☐ DELETE	2.1 TITLE		[_] Change	
NAME			2.2 NAME			
STREET ADDRESS	-	<u> </u>	2.3 STREET ADDRESS	en e		
CITY-ST-ZIP			2. 4 CITY-ST-ZIP			
TITLE		☐ DELÉTE	3.1 TITLE		☐ Change	☐ Addition
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREET ADDRESS			
CITY-ST-ZIP		10.70.0	3.4. CITY-ST-ZIP			
TTILE		☐ DELETE	4.1 TITLE		Change	Addition
NAME			4.2 NAME	•		
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP			4.4 CITY-ST-ZIP			
TITLE		☐ DELETE	5.1 TITLE	•	. Change	Addition
NAME			5.2 NAME			
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 on an attachment with an address, with all other like empowered.

SIGNATURE: