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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name P97000012773 (2)

DYBON CONFECTIONS EXTAGRAINAIRE, INC.

EXTRAORDINAIRE

FILED
May 27 1998 8:00am
Secretary of State



Principal Place of Business Mailing Address						i aftetabli eift ifftet inner matte ditte f	F)41 WW101 11W1	# 11M1F 6MM15	1888 1111 1881
1004 SOUTHWEST 8 STREET POST OFFICE BOX 17									
HALLAND/	ALE FL 33009	HALLANDALE FL 33	HALLANDALE FL 33000			DO NOT WRITE IN THIS SPACE			
						3. Date Incorporated or Qualified			
					÷	02/07/1997			j
2. Principal	Place of Business	2a. Mailing Address				4. FEI Number	. 4	TA	pplied For
21		26				65-07268	10	N	ot Applicable
Suite, Apt	t. #, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			E. Cartificate of Ptotus Desired		\$8.75	Additional
22		27				5. Certificate of Status Desired Fee Required			
City & Sta	ate	City & State	City & State			6. Election Campaign Financing \$5.00 May Be			
23		28				Trust Fund Contribution			to Fees
Zip	Country	h1	Z _I p Country			8. This corporation owes or has pai	_		
24	25 9. Name and Address of Currer	29 Anent	30			Personal Property Tax due June 30. Li Yes No 10. Name and Address of New Registered Agent			
	AMERILAWYER CHARTERED	it ricgistored rigorit		B1 1	Vame	IV. Hamo wile reduces of from Hely	1010100 11	Bour	
		\.							
	343 ALMERIA AVENUE CORAL GABLES FL 33134			B2 S	Street Addr	ress (P.O. Box Number is Not Acceptable	e)		
'	CONAL GABLES FL 33134		-	B3					
	•			B4 (City		FL	85 Zip	Code
11. Pursuan	t to the provisions of Sections 607.050	2 and 607.1508, Florida Sta	atutos, the ab	ove-n	amed corp	poration submits this statement for the pr		changing	its registered
office or	regi ster ed agent, or both, in the State am (amiliar with, and accept the oblice	of Florida, Such change w alians of Section 607 0505	as authorized Florida Statu	by th	ne corporat	poration submits this statement for the price ion's board of directors. I hereby accep	the appo	intment as	s registered
			, i nariou chine						*_
SIGNATURE	Signature, typest or printed name of registerest are	or and other if applicable (NOTE: Registered	Agon: s	ignature requir	ed when reinstating)	DATE		
12.	OFFICERS AN		13.			ADDITIONS/CHANGES TO OFFIC			
TITLE	PSTD	☐ DELETE	1.1 TITI	F			ι	Change	☐ Addition
NAME	BONDY, RICHARD		1.2 NA	νE					į
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NAME			6.2 NA	AE		3000 0253: -05/28/980101 ***150.00	$\sigma \subset \lambda$		N
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CITY-ST-ZIP			6.4 CIT	Y - ST - Z	TP _	<u> </u>			3.65

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 supplience that no an 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 trustice 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 utilitation and directors.

SIGNATURE REMAIN BONDE RICHARD BONT

4/28/98 (954)456-9507