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

P97000015128 (6)

TASTY DELIGHT CORPORATION

FILED

Jun 02 1998 8:00am

Secretary of State

Principal Place of Business		Mailing Address		I 1001/00) 114 101/1 FEO/1 20/1 30/1 30// 20// 20//	48001 03101 11010 11801 1811 1001	
4847 EAST 10TH COURT		4847 EAST 10TH COURT	4947 FAST 10TH COURT			
HIALEAH FL 33013		HIALEAH FL 33013			DO MOT INDITE IN THE	0.004.05
					DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified	
					02/14/1997	
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number	Applied For
21		· · η	26		65-076781	Not Applicable
Suite, Apt. #, etc		Suite, Apt. #, etc.			5, Certificate of Status Desired	\$8.75 Additional
22		27			b, Certificate of Status Desired	Fee Required
City & State		City & State	to a		6. Election Campaign Financing	\$5.00 May Be
Zip	Country	28 Zipi	Country		Trust Fund Contribution	Added to Fees
24	25 29 30		-n ´		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No	
24	g, Name and Address of Curr		<u></u>		10. Name and Address of New Registered	
DC	ORTA, ALCIDES		81	Name		
201 WEST 65TH STREET				Street Addre	ess (P.O. Box Number is Not Acceptable)	
APT 103			82	Oroci ridare	700 (F.O. BOX Humber to Het / Nocopiable)	
HV	ALEAH FL 33013		63			
			64	City		85 Zip Code
					<u> </u>	
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, I lorida Statutes.						
SIGNATURE						
	Signature type if or printed isone of registerio	and the second s		al signiture require	od when teinstating) DATE	15 5 15 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5
12.	PV OFFICERS A	ND DIRECTORS DELETE	13.		ADDITIONS/CHANGES TO OFFICERS AN	ND DIRECTORS IN 12 Change
NAME DORTA, ALCIDES		L 1911112	1.2 NAME			Unuinge Notation
STREET ADDRESS 201 WEST 65TH STREET AP		\PT #103	1.3 STRFET	2239004		;
CITY-ST-ZIP	HIALEAH FL 33013	# 1 # 1 V V	1.4 CHY-S			
TITLE		DELETE	21 TITLE			Change Addition
NAME			2 2 NAME			
STREET ADDRESS			2 3 STAEFT	ADDRESS		
CITY-ST-ZIP			2 4 CITY-S	I - Zif		
TITLE			3.1 TILLE			Change Addition
NAME			3.2 NAME			
STREET ADDRESS			3 3 STREET			
CITY-ST-ZIP TITLE		DELETE	3.4. CITY - S 4.1 THE	T- ZIF		Change Addition
NAME			4. 2 NAME			C. Criange C. Transpari
STREET ADDRESS			4.3 STREE1	ADDRESS.	5000025467 -06/04/98010020	
CITY-ST-ZIP			4.4 CITY - ST			26
TITLE		DELETE	5.1 1ITLE		***150.00	Change Addition
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET	ADDR+SS		
CITY-ST-ZIP		·-·	5.4 CITY - ST	í-ZIP		
TITLE	,	☐ DELF1E	6.1 TITLE			Change Addition
NAME			6.2 NAME			₹/\/\
STREET ADDRESS			6.3 STREET	i) u \r
CITY-ST-ZIP	ertily that the information significal	with the films dose not qualify for	G.4 CITY - ST		Section 119 07(3)(i) Florida Statutes I further	cortifu that the information

mereby certify that the information supplied with the stilling coos not quality 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 or an attachment with an address.