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**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS** 

## **FILED** Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90257 015 \*\*\*150.00

## DOCUMENT # P97000015128

1. Corporation Name

TASTY DELIGHT CORPORATION

|  | ·  |  |   |  |   |                            |   |                                       |   |  |
|--|--|--|---|--|---|----------------------------|---|---------------------------------------|---|--|
| Principal Plac   | e of Business  | Mailing Add  | ress  |  |   | `                          |   |                                       |   |  |
| 4847 EAST 10T  |  | 4847 EAST 1  |   |  |   |                            |   |                                       |   |  |
| HIALEAH FL 33  | 3013   | HIALEAH FL   | 33013   |  |   |                            | DO NOT WR   | ITE IN THIS                           | SPACE   |  |
|  |  |  |   |  |   | 3 Date in                  | corporated or Qualifed                              |                                       | OI NOL  |  |
| Į  |  |  |   |  |   |                            | /1997   | •                                     |   |  |
| 2. Principal P   | lace of Business   | 2a. Mailing A  | Address   |  |   | 4. FEI Nu                  | <u> </u>  |                                       | Ap  | plied For                                    |
| 21   |  | 26   |   |  |   |                            | 67810   |                                       | <del>                                      </del> | t Applicable                                 |
| Suite, Apt.  | #, etc.  | Suite, Ap  | pt. #, etc.   |  |   |                            |   |                                       | \$8.75  | Additional                                   |
| 22   |  | 27   |   |  |   | 5, Certifoa                | ite of Status Desired                               |                                       | Fee Re  | quired                                       |
| City & Stat  | ie .   | City & St  | tate  |  |   | 6. Election                | n Campaign Financing                                |                                       | \$5.00  | May Be                                       |
| 23   |  | 28   |   |  |   | Trust F                    | und Contribution                                    |                                       | Added t   |  |
| Zip  | Country  | Zip  |   | Countr   | у   | 8. This co                 | rporation owes the cu                               | rrent year Int                        |   | _  |
| 24   | 25   | 29   |   | 30   |   |                            | al Property Tax.                                    | · · · · · · · · · · · · · · · · · · · | Yes   | □No  |
|  | 9. Name and Address of Curre   | ant Registered Age   | ent   |  |   | 10. Name                   | and Address of New                                  | Registered                            | Agent   |  |
| DOD  | rta, alcides   |  |   | 8  | 1 Name  |                            |   |                                       |   | ł  |
|  | WEST 65TH STREET   |  |   | 8:   | 2 Street  | Address (P.O. Box          | Number is Not Accep                                 | table)                                |   |  |
| APT  |  |  |   |  |   |                            |   |                                       |   |  |
| 1  | EAH FL 33013   | •  |   | 8:   | 3   |                            |   |                                       |   |  |
| CIAL   | EAR PL 33013   |  |   | 8  | 4 City  |                            |   |                                       | 85 Zip (  | Code   |
|  |  |  | •   | - 1  |   |                            |   | <u>FL</u>                             | .   |  |
| 11 Pursuant  |  |  |   |  | <del>_</del>  |                            |   |                                       | changing its                                      | registered J                                 |
| office or r  | to the provisions of Sections 607.05   | 502 and 607,1508, I  | Florida Statute                                     | s, the abou  | ve-named  | corporation submitted      | s this statement for the<br>frectors. I bereby acce | e purpose or                          | ntment as re                                      | gistered ≥=-                                 |
| office or r<br>agent. I a  | to the provisions of Sections 607.05 registered agent, or both, in the Station familiar with, and accept the oblig | 502 and 607,1508, I<br>te of Florida. Such c<br>gations of, Section 6      | Florida Statute<br>change was au<br>607.0505, Flori | s, the about<br>thorized b<br>ida Statute  | ve-named<br>y the corp<br>s.  | oration's board of d       | s this statement for the<br>irectors. I hereby acce | e purpose or<br>opt the appoi         | ntment as re                                      | gistered                                     |
| office or r<br>agent. I a  | ım familiar with, and accept the oblig   | gations of, Section 6  | 607.0505, Flori                                     | ida Statute  | ·S.   |                            | s this statement for thi<br>irectors. I hereby acci |                                       | ntment as re                                      | gistered≥                                    |
| agent, I a   | Im familiar with, and accept the oblig   | gations of, Section 6  | 607.0505, Flori                                     | Registered Ag  | ·S.   | required when reinstating) |   | DATE                                  |   | <u></u>                                      |
| agent. I a SIGNATURE 12.   | m familiar with, and accept the oblig  Signature, typod or printed name of registered as  OFFICERS A               | gations of, Section 6 gent and title if applicable. AND DIRECTORS          | - (NOTE: I  | Registered Ag  | ent signatur <del>e</del> i   | required when reinstating) | ONS/CHANGES TO O                                    | DATE<br>FFICERS AN                    | ID DIRECTO  | RS IN 12                                     |
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| agent, I a SIGNATURE  12.  TITLE NAME  | Signature, typed or printed name of registered as OFFICERS A PV DORTA, ALCIDES                                     | gations of, Section 6 gent and title if applicable.  AND DIRECTORS         | - (NOTE: I  | Registered Ag  13. 1.1 TITLE 1.2 NAME  | ent signature i   | required when reinstating) | ONS/CHANGES TO O                                    | DATE<br>FFICERS AN                    | ID DIRECTO  | RS IN 12                                     |
| agent. I a SIGNATURE  12.  ITILE NAME STREET ADDRESS   | Signature, typed or printed name of registered as OFFICERS A PV DORTA, ALCIDES 201 WEST 65TH STREET API            | gations of, Section 6 gent and title if applicable.  AND DIRECTORS         | OPPLETE   | Registered Ag  13. 1.1 TITLE 1.2 NAME 1.3 STREE  | ent signature i   | required when reinstating) | ONS/CHANGES TO O                                    | DATE<br>FFICERS AN                    | ID DIRECTO  | RS IN 12                                     |
| agent. I a SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP  | Signature, typed or printed name of registered as OFFICERS A PV DORTA, ALCIDES                                     | getions of, Section 6 gent and title if applicable: AND DIRECTORS  T #103  | (NOTE:  | Registered Ag  13.  1.3 TITLE  1.2 NAME  1.3 STREE  1.4 CITY-  | ent signature i  ET ADORESS ST-ZIP  | required when reinstating) | ONS/CHANGES TO O                                    | DATE<br>FFICERS AN                    | ID DIRECTO  | RS IN 12                                     |
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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 or an attachment with an address, with all other like empowered.

SIGNATURE:

MATURE REQUIRED ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR