

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

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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS

FILED Feb 22, 1999 8:00 am Secretary of State

02-22-1999 90106 044 \*\*\*150.00

DOCUMENT # P97000022745

1. Corporation Name NORTH MIAMI BABY FOOD PLACE, INC.



Principal Place of Business

8 MIAMI FL 33161 US

Mailing Address

18002 NE 8TH AVENUE MIAMI FL 33161

11866 West Dixie Hwy.

Miami, Fl. 33161

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 11866 West Dixie Hwy

2a. Mailing Address

Suite, Apt. #, etc.

22 City & State

23 N. Miami, FL

27 City & State

28 FLORIDA

24 33161 25 USA

29 30 Country

3. Date Incorporated or Qualified

03/12/1997

4. FEI Number

65-0739127

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing

\$5.00 May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax.

Yes No

9. Name and Address of Current Registered Agent

JOSEPH, GISLAINE 13725 NE 8TH AVENUE APT 107 MIAMI FL 33161

9760 SW 14th Pembroke Pines, Fl. 33025

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 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 signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

Table with columns for Title, Name, Street Address, City-ST-ZIP, and a DELETED checkbox. Row 1: D JOSEPH, GISLAINE, 13725 NE 8TH AVENUE APT 107 MIAMI FL 33161, 9760 SW 14th PP, FL 33025.

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

Table with columns for Title, Name, Street Address, City-ST-ZIP, and checkboxes for Change and Addition.

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-7-99 (305) 892-6424

Date

Daytime Phone #

CR2E034 (1/1/98)