Mar 22, 1999 8:00 am Secretary of State

03-22-1999 90081 040 \*\*\*150.00

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

**PROFIT CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P97000041224

1. Corporation Name

FLORIDA HONEY CORPORATION

LOHIOA	HONET COM CHANGN				
Principal Place	of Business	Mailing Address			4:88: 11818 118:8 118: erat can.
12323 S W 132 CT 12323 S W 132 CT					
A					
MIAMI FL 33186 MIAMI FL 33186				DO NOT WRITE IN THI	5 SPACE
US		US		<ol> <li>Date Incorporated or Qualified</li> <li>05/08/1997</li> </ol>	
2 Principal Pt	ace of Business	2a. Mailing Address		4. FEI Number	Applied For
21 14180		26 14184 SW 13	g COURT	65-0759585	Not Applicable
Suite, Apt.	<u>,</u>	Suite, Apt. #, etc.	7 55 5		\$8.75 Additional
22	7, 000.	27		5. Certifcate of Status Desired	Fee Required
City & State		City & State	<del></del>	6. Election Campaign Financing	\$5.00 May Be
23 MiA	<i>a '                                   </i>	28 MIANI, FLOR	2104	Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current year li	ntangible
24 33/8	6 25 1/5.	29 <i>33186</i> 30	] <i>US</i>	Personal Property Tax.	Yes No
	9. Name and Address of Current			10. Name and Address of New Registered	<u>d</u> Agent
81 Name					
CUEVAS, ANDREW ESQ.  82 Street Addr			Address (P.O. Box Number is Not Acceptable)		
9200 S. DADELAND BLVD.					
SUITE 603			83		
MIAMI FL.33156		84 City		85 Zip Code	
		•	84 City	F	
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 (NOTE: Registered Agent signature (equited when reinstation)					
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required to the signature required t			ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12	
12.	P OFFICERS AND	DELETE	13. 1.1 TITLE	REJIDENT	Change Addition
TITLE	PETTI, RUBEN DARIO		1.2 NAME		_ , _
NAME	12323 S W 132 COURT A		1.3 STREET ADDRESS	LEDPOLDO JOSE GAR	\
STREET ADDRESS	MIAMI FL 33186		1	MIAMI, FLORIDA 33196	í
CITY-ST-ZIP	VP	☐ DELETE	1.4 CITY-ST-ZIP 2.1 TITLE	11.14.11 , 12.001 25110	☐ Change ☐ Addition
TITLE		2 DETECTE	2.2 NAME		
NAME	FERNANDEZ, JORGE ALBERTO 10876 S W 151 PLACE		l l		{
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33196	DELETE	2.4 CITY-ST-ZIP 3.1 TITLE	SECRETARY	Change Addition
TITLE		e) bettie	1	A Carlo	
NAME	LANZA, RUBEN H		3.2 NAME	ANTONIO SARLI 15070 SW 103 LANE	
STREET ADDRESS	12323 S W 132 COURT A		3.3 STREET ADDRESS	WOLL FORDA 33196	/
CITY-ST-ZIP	MIAMI FL 33186	DELETE	3.4. CITY-ST-ZIP	F11 17 - 1	Change Addition
TITLE	PEDNANDEZ JODOE ALBERTO	₩ DECE IE	4.1 TITLE	TREASURER JORGE LEN	LA
NAME	FERNANDEZ, JORGE ALBERTO		4.2 NAME	SEBASTIAN JORGE LEN	7
STREET ADDRESS	10876 S W 151 PLACE		4.3 STREET ADDRESS	HOTO SUT 103 LANE MIGNIN FLORIDA 3314	56
CITY-ST-ZIP	MIAMI FL 33196			Migui FLORING 3316	Change Addition
TITLE		☐ DELETE	5.1 TITLE		M cuanão Mundinda
NAME			5.2 NAME 5.3 STREET ADDRESS		*
STREET ADDRESS					
CITY-ST-ZIP		□ DELETE	5.4 CITY-ST-ZIP 6.1 TITLE		☐ Change ☐ Addition
TITLE		☐ DELETE	6.2 NAME		onengo
I NAME					

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 supplier ental 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 requirer or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in officer or director of the corporation of Block 12 or Block 13 if changed, or o

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS