

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jul 28 1998 8:00am
Secretary of State

DOCUMENT # P97000064700 (2)

1. Corporation Name

MICHAEL RAYMOND DESSERTS OF FLORIDA, INC.



Principal Place of Business

15986 NW 49TH AVE.
MIAMI FL 33014

Mailing Address

15986 NW 49TH AVE.
MIAMI FL 33014

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/24/1997

4. FEI Number

65-0776699

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

9. Name and Address of Current Registered Agent

B. LESLIE, SCHARFMAN ESQ.
39 E. 6TH ST.
HIALEAH FL 33010

10. Name and Address of New Registered Agent

81 Name HOWARD SCHWARTZ
82 Street Address (P.O. Box Number is Not Acceptable)
15986 NW 49th Ave.
83
84 City Miami FL 85 Zip Code 33014

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

7/20/98

12. OFFICERS AND DIRECTORS

TITLE D
NAME SCHWARTZ, HOWARD
STREET ADDRESS 15986 NW 49TH AVE.
CITY-ST-ZIP MIAMI FL 33014

TITLE
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CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 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 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.

SIGNATURE

Howard Schwartz

Howard Schwartz

7/20/98

CR2E034 (5/98)

(2)



"We make desserts worth the calories."™

6/30/98.

To Whom it may concern,

As per a conversation today, I informed the agent that a problem with our mail delivery has resulted in a non-delivery of much of our mail including the first notices of Corp. reports. I was made aware of this when I received my 2nd notice forms today.

Prior to six weeks ago we were not obtaining all of our mail due to a problem created with an address that was the same as ours; on a newly painted warehouse across from our building. It took an investigation by the post office to realize that this empty space was receiving much of our mail, including checks that were due us.

I am sorry for the misunderstanding, as