

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

FILED
Mar 03, 1999 8:00 am
Secretary of State

03-03-1999 90069 035 ***150.00

DOCUMENT # P97000074928

1. Corporation Name

SMOOTHIE TIME HEALTH FOOD, INC.

Principal Place of Business

FIU CAMPUS
10700 SW 8TH ST
MIAMI FL 33199
US

Mailing Address

P O BOX 144158
CORAL GABLES FL 33114
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/28/1997

4. FEI Number

65-0780482

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

Country

29 Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

~~ABREU PEREZ, CESAR~~
~~820 OBISPO AVE~~
~~CORAL GABLES FL 33134~~

PEREZ-ABREU, CESAR
5757 BLUE LAGOON DR
SUITE 350
MIAMI FL 33126

81 Name

PEREZ-ABREU, CESAR

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

5757 BLUE LAGOON DR., SUITE 350

83

84 City

MIAMI

FL

85 Zip Code
33126

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

Cesar Perez-Abreu

Cesar Perez-Abreu

1/24/99

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE
NAME ABREU, CESAR PEREZ PEREZ-ABREU, CESAR
STREET ADDRESS 820 OBISPO AVE
CITY-ST-ZIP CORAL GABLES FL 33134

TITLE PEREZ-ABREU, CESAR ☐ DELETE
NAME 5757 BLUE LAGOON DR, # 350
STREET ADDRESS MIAMI FL 33126
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE President ☒ Change ☐ Addition
1.2 NAME PEREZ-ABREU, CESAR
1.3 STREET ADDRESS 5757 BLUE LAGOON DR., SUITE 350
1.4 CITY-ST-ZIP MIAMI, FL 33126

2.1 TITLE Vice-President ☒ Change ☒ Addition
2.2 NAME PEREZ-ABREU, EMELINA
2.3 STREET ADDRESS 5757 BLUE LAGOON DR., #350
2.4 CITY-ST-ZIP MIAMI, FL 33126

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

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

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

6.1 TITLE ☐ Change ☐ Addition
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, with all other like empowered.

SIGNATURE:

Cesar Perez-Abreu
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)

0177116