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Mar 24, 1999 8:00 am
Secretary of State

03-24-1999 90048 009 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000081810

1. Corporation Name
A SPICE IN LIFE...TRAVEL WITH PATTI CARDOZO INC.

Principal Place of Business 8512 SE QUAIL RIDGE WAY HOBE SOUND FL 33455	Mailing Address 8512 SE QUAIL RIDGE WAY HOBE SOUND FL 33455
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I have a new mailing address



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 1615 Seagrape Way Suite, Apt. #, etc.	2a. Mailing Address 26 1615 Seagrape Way Suite, Apt. #, etc.
22 City & State 23 Hollywood, FL	27 City & State 28 Hollywood, FL
24 33019-4865 25 USA	29 33019-4865 30 USA

3. Date Incorporated or Qualified 09/19/1997	4. FEI Number 65-0788895	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent

CARDOZO, PATRICIA
 8512 SE QUAIL RIDGE WAY
 HOBE SOUND FL 33455

10. Name and Address of New Registered Agent

81 Name **Patricia Ann Cardozo**
 82 Street Address (P.O. Box Number is Not Acceptable)
1615 Seagrape Way
 83
 84 City **Hollywood** FL 85 Zip Code **33019**

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 *Patricia Ann Cardozo, President* *Patricia Ann Cardozo* 3/17/99
(NOTE: Registered Agent signature required when resigning)

12. OFFICERS AND DIRECTORS

TITLE	<input type="checkbox"/> DELETE
NAME	D CARDOZO, PATRICIA A
STREET ADDRESS	8512 SE QUAIL RIDGE WAY
CITY-ST-ZIP	HOBE SOUND FL 33455
TITLE	<input type="checkbox"/> DELETE
NAME	D CARDOZO, THOMAS R
STREET ADDRESS	8512 SE QUAIL RIDGE WAY
CITY-ST-ZIP	HOBE SOUND FL 33455
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	OFFICER (PRESIDENT) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	PATRICIA ANN CARDOZO
1.3 STREET ADDRESS	1615 Seagrape Way
1.4 CITY-ST-ZIP	HOLLYWOOD, FL 33019-4865
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	1615 Seagrape Way
2.4 CITY-ST-ZIP	Hollywood, FL 33019-4865
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 *Patricia Ann Cardozo* **March 17, 1999** 954
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)