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

**PROFIT** CORPORATION ANNUAL REPORT

1998



Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000090468 (4)

PRIVATE LABEL PROGRAM, INC.

FILED May 13 1998 8:00am Secretary of State



11. Pursuant to the provisions of Sections 607.0502 and 607.1508. Florida Statutes, the above-named corporation submits this statement for the purportion 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 agent. I am familiar with, and accept the obligations of Section 607.0505, Florida Statutes.  SIGNATURE	\$5.00 May Be Added to Fees e current year Intengible Yes A No
2. Mailing Address 2. Mailing Address 3. Mailing Address 4. FEI Number 3. Suite, Apt. W, etc. 3. Suite, Apt. W, etc. 4. City & State 5. Certificate of Status Desired 5. Certificate of Status Desired 6. Certificate of Status Desired 7. City & State 7. Country 8. This corporation owes or has paid the Personal Property Tax due June 30. 8. Name and Address of Current Registered Agent 9. Name and Address of Current Registered Agent 10. Name and Address of New Registe 8. Street Address (P.O. Box Number is Not Acceptable) 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submitts this statement for the purpor 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 agent. I am familier with, and accept the obligations of Section 607.0505, Florida Statutes.  SIGNATURE Signature, typed or profiled furner of inspansed agent within a Acceptable (P.O. Box Number is Not Acceptable) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS 11. TITLE 12. DELETE 13. TITLE 13. SIRECT ADDRESS 14. City-St-Zip 15. ADDITIONS/CHANGES TO OFFICERS 15. SIRECT ADDRESS 16. Certificate of Status Desired 16. Certificate of Status Desired 17. Pursuant to the provisions of Section own of the Personal Property Tax due to Personal Prop	\$8.75 Additional Fee Required \$5.00 May Be Added to Fees De current year Intendible Yes A No
Suite, Apt. W, etc.  Suite, Apt. W, etc.  Suite, Apt. W, etc.  City & State  City & State  City & State  City & State  28  Zip  Zip  Zip  Zip  Country  Zip  Country  Zip  ARCIA, EUGENO M  1010 EAST 17 STREET  HIALEAH FL 33010  11. Pursuant to the provisions of Soctions 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpor 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 agent. I am familier with, and accept the obligations of. Soction 607.0505, Florida Statutes.  SIGNATURE  Signature, byed or proted name of registered agent and title if anytherative (pottle for the purpor office or registered agent are title if anytherative (pottle for the purpor office of the composition of the provisions of soction 607.0505, Florida Statutes.  SIGNATURE  Signature, byed or proted name of registered agent and title if anytherative (pottle for the purpor office of the composition of the provisions of soction 607.0505, Florida Statutes.  SIGNATURE  Signature, byed or proted name of registered agent and title if anytherative (pottle for the purpor of the composition of the provisions of soction 607.0505, Florida Statutes.  SIGNATURE  Signature, byed or proted name of registered agent and title if anytherative (pottle for the purpor of the composition of the purpor of the composition of the purpor of the composition of th	\$8.75 Additional Fee Required \$5.00 May Be Added to Fees De current year Intendible Yes A No
22   City & State	Fee Required  \$5.00 May Be Added to Fees be current year Intengible  Yes A No
Zip Country Zip Country B. Trust Fund Contribution Capable Country Country Country Country Country Country Country B. Trust Fund Contribution Capable Country B. Trust Fund Contribution Country Coun	Added to Fees be current year Intengible Yes A No
Zip Country Zip Country Zip Country B. This corporation owes or has paid the Personal Property Tax due June 30.  9. Name and Address of Current Registered Agent 10. Name and Address of New Register GARCIA, EUGENIO M 1010 EAST 17 STREET HIALEAH FL 33010  11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpor office or registered egent, or both, in the Stote of Florida Such change was authorized by the corporation's board of directors. I hereby accept the agent. I am familier with, and accept the obligations of Section 607.0505, Florida Statutes.  SIGNATURE  SIgnature, typed of pratied name of registered agent and their Applicable (NOTE Registered Agent algoriture required when remaining) D. T. D.	e current year Intengible
24 28 29 30 Personal Property Tax due June 30.  9. Name and Address of Current Registered Agent  GARCIA, EUGEMO M 1010 EAST 17 STREET HIALEAH FL 33010  11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpor office or registered agent, or both, in the State of Florida Such change was authorized by the corporation's board of directors. Thereby accept the agent. I am familier with, and accept the obligations of. Section 607.0505, Florida Statutes.  SIGNATURE  Signature, byed or praied regime of registered agent and the Payphrishine (NOTE Registered Agent Eignature (equired when remarking))  12. OFFICE RS AND DIRE CTORS  13. ADDITIONS/CHANGES TO OFFICERS  TITLE  D  DELETE  1.11 TITLE  1.2 STREET ADDRESS  CITY-ST-2P  HIALEAH FL 33010  DELETE  2.1 TITLE  NAME  STREET ADDRESS  CITY-ST-2P  TITLE  DELETE  3.1 TITLE  DELETE  3.1 TITLE  AMME  3.2 NAME  3.3 TREET ADDRESS  CITY-ST-2P  TITLE  DELETE  3.1 TITLE  3.2 NAME  3.3 TREET ADDRESS  CITY-ST-2P  TITLE  DELETE  3.1 TITLE  3.2 NAME	Yes A No
9, Name and Address of Current Registered Agent  GARCIA, EUGENIO M 1010 EAST 17 STREET HIALEAH FL 33010  11, Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purportifice 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 agent I am familiar with, and accept the obligations of Section 607.0505, Florida Statutes,  SIGNATURE  Signature, hysed or prefed regime of registered agent and late if applicable (NOTL Registered Agent algorithms and address of New Register  (NOTL Registered Agent agent and or required when remaining)  DELETE  11 TITLE  DELETE  1.3 STREET ADDRESS  GRY-S1-2P  TITLE  NAME  1.3 STREET ADDRESS  GRY-S1-2P  TITLE  DELETE  2 TITLE  ADDITIONS/CHANGES TO OFFICERS  CHY-S1-2P  TITLE  DELETE  3 STREET ADDRESS  GRY-S1-2P  TITLE  DELETE  3 STREET ADDRESS  GRY-S1-2P  TITLE  AMME  3.2 NAME  3.3 STREET ADDRESS  GRY-S1-2P  TITLE  AMME  3.4 City  Street Address (P.O. Box Number is Not Acceptable)  82 Street Address (P.O. Box Number is Not Acceptable)  83 Name  84 City  Street Address (P.O. Box Number is Not Acceptable)  85 Street Address (P.O. Box Number is Not Acceptable)  86 City  Street Address (P.O. Box Number is Not Acceptable)  87 Description of City  Street Address (P.O. Box Number is Not Acceptable)  88 City  Street Address (P.O. Box Number is Not Acceptable)  89 Description of City  Street Address (P.O. Box Number is Not Acceptable)  80 Description of City  Street Address (P.O. Box Number is Not Acceptable)  80 Description of City  Street Address (P.O. Box Number is Not Acceptable)  81 Description of City  Street Address (P.O. Box Number is Not Acceptable)  82 Description of City  Street Address (P.O. Box Number is Not Acceptable)  83 Description of City  Street Address (P.O. Box Number is Not Acceptable)  82 Description of City  Street Address (P.O. Box Number is Not Acceptable)  83 Description of City  Street Address (P.O	
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SIGNATURE Signalure typed or profied runner of registered agent and tricilit applicable. (NOTE Registered Agent signature required when reinstating)  12. OFFICE RS AND DIRE CTORS  TITLE  D  GARCIA, EUGENIO M  STREET ADDRESS  1010 EAST 17 STREET  1.3 STREET ADDRESS  CRIY-SI-2P  HALEAH FL 33010  DELETE  21 TITLE  NAME  1.2 NAME  22 NAME  STREET ADDRESS  CITY-SI-2P  TITLE  NAME  STREET ADDRESS  CITY-SI-2P  TITLE  NAME  STREET ADDRESS  CITY-SI-2P  TITLE  DELETE  3. ADDITIONS/CHANGES TO OFFICERS  1.1 TITLE  1.2 NAME  2.3 STREET ADDRESS  CITY-SI-2P  TITLE  NAME  3. ADDITIONS/CHANGES TO OFFICERS  1.2 NAME  1.2 NAME  2.3 STREET ADDRESS  CITY-SI-2P  TITLE  NAME  3.3 STREET ADDRESS  CITY-SI-2P  TITLE  3.3 TITLE  3.3 NAME	FL 85 Zip Code
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NAME   GARCIA, EUGENIO M   12 NAME   13 STREET ADDRESS   1010 EAST 17 STREET   13 STREET ADDRESS   14 CITY-ST-ZIP   11TILE   11TILE   12 NAME   12 NAME   13 STREET ADDRESS   14 CITY-ST-ZIP   11TILE   12 NAME   12 STREET ADDRESS   14 CITY-ST-ZIP   15 STREET ADDRESS	
STREET ADDRESS   1010 EAST 17 STREET   1.3 STREET ADDRESS   1.4 CITY-ST-ZIP	Change Addition
CRY-ST-ZIP	
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cis you and accurate and that my signature shan have the same legal effect as it made under oath; that I am av empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in