FILE NOW: FILING FEE AFTER MAY 1ST IS \$5\$0.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000094691 (7)

TRILLIUM FINE FOOD, CORP.

FILED Apr 30 1998 8:00am Secretary of State



Principal Place of Business Mailing Address						
833 W. 46TH STREET		833 W. 46TH STREET	•			
MIAMI BEACH FL 33140		MIAMI BEACH FL 33140				
						DO NOT WRITE IN THIS SPACE
						3. Date Incorporated or Qualified 11/04/1997
2. Principal P	2s. Mailing Address	failing Address			4. FEI Number Applied For	
21		26				65-6790902 Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired S8.75 Additional
22		27				Fee Required
City & State		City & State				6. Election Campaign Financing \$5.00 May Be
23	28					Trust Fund Contribution Added to Fees
Zip	Country	Zip		untry		8. This corporation owes or has paid the current year Intangible
24	25		30			Personal Property Tax due June 30. 🔲 Yes 💹 No
9, Name and Address of Current Registered Agent						10. Name and Address of New Registered Agent
	Aurig, Dawn			81	Name	
1	3 W. 46TH STREET			82	Street A	ddress (P.O. Box Number is Not Acceptable)
MIAMI BEACH FL 33140						
				83		
				84	City	85 Zip Code
				~	City	FL S Z P COUR
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						
12.	OFFICERS A	ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	☐ DELETE		1.1 T	ITLE		Secrotary / treasure Change Addition Dawn Travely 833 W. 46 St
NAME			1.2 N	IAME		David Training
STREET ADDRESS			1.3 \$	TAEET	ADDRESS	833 W. 46 31
CITY-ST-ZIP			1.4 CiTY-		1-21P	MIL BUL F1. 33/40
TITLE		DELETE	2.1 TITLE			Change Addition
NAME			2.2 N	IAME		
STREET ADDRESS			2.3 S	TREET	address	
CITY-ST-ZIP				CITY-S	iT-ZIP	
TITLE	DELETE		3 1 T	31 TITLE		Change Addition
NAME			3.2 N	IAME		
STREET ADDRESS			3.3 \$	TREET	ADDRESS	
CITY-ST-ZIP			3.4.1	CITY - S	T-ZIP	
TITLE		DELETE	4.1 T	ITLE		☐ Change ☐ Addition
HAME			4.21	NAME		
STREET ADDRESS			435	TREET	ADDRESS	
CITY-ST-ZIP			440	HTY-SI	r-zip	
TITLE		☐ DELETE	51 T			☐ Change ☐ Addition
NAME			52 N	IAME		
STREET ADDRESS			535	TREET	address	
CITY-ST-ZIP				CITY - ST		
TITLE		DELETE	61 T		$\neg \uparrow$	Change Addition
NAME			6.2 N	LAME		
STREET ADDRESS					ADDRESS	
CITY-ST-ZIP			1	CITY-SI		
	L					

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 or an attactment with an address.

SIGNATURE:

532 0561 (305)