

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

FILED
Jun 03 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 1. Corporation Name: 897000102463 SERGIO'S SAUCES			
Principal Place of Business: FLORIDA		Mailing Address: 182 DERBYWOODS DR LYNN HAVEN FL 32444	
2. Principal Place of Business:		2a. Mailing Address:	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Zip
24	Country	29	Country
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
		81	Name: SERGIO M APARICIO
		82	Street Address (P.O. Box Number is Not Acceptable): 182 DERBYWOODS DR
		83	LYNN HAVEN
		84	City: FL
		85	Zip Code: 32444
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: Sergio M Aparicio		DATE: 5-21-98	
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PRESIDENT	11. TITLE	☐ Change ☐ Addition
NAME	SERGIO M APARICIO	12. NAME	
STREET ADDRESS	SAME AS ABOVE.	13. STREET ADDRESS	
CITY-ST-ZIP	SAME AS ABOVE.	14. CITY-ST-ZIP	
TITLE	SECRETARY/TREASURER.	21. TITLE	☐ Change ☐ Addition
NAME	BERNICE K APARICIO	22. NAME	
STREET ADDRESS	SAME AS ABOVE.	23. STREET ADDRESS	
CITY-ST-ZIP	SAME AS ABOVE.	24. CITY-ST-ZIP	
TITLE		31. TITLE	☐ Change ☐ Addition
NAME		32. NAME	
STREET ADDRESS		33. STREET ADDRESS	
CITY-ST-ZIP		34. CITY-ST-ZIP	
TITLE		41. TITLE	☐ Change ☐ Addition
NAME		42. NAME	
STREET ADDRESS		43. STREET ADDRESS	
CITY-ST-ZIP		44. CITY-ST-ZIP	
TITLE		51. TITLE	☐ Change ☐ Addition
NAME		52. NAME	
STREET ADDRESS		53. STREET ADDRESS	
CITY-ST-ZIP		54. CITY-ST-ZIP	
TITLE		61. TITLE	☐ Change ☐ Addition
NAME		62. NAME	
STREET ADDRESS		63. STREET ADDRESS	
CITY-ST-ZIP		64. CITY-ST-ZIP	
14. I hereby certify that the information supplied on 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 to and 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 person or persons 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, on record with me at this address.			
SIGNATURE: Sergio M Aparicio		DATE: 5-21-98	

CR2E034 (10/97)