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

CORPORATION



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

SNOLL

OCUMENT #	P97000104029	
1998		DIVISION OF CORPORA
ANNU <b>A</b> L REPORT		Secretary of State

**FILED** Sep 14 1998 8:00am Secretary of State

DOCU 1. Corporati	JMEN I Ion Name	# P9700	0104029				
FOOD	TIME I	PRODUCTS	OF MIAMI,	INC.			
Principal Pa	de <b>d</b> Busine	65.	Ma≓ng Add	iress			
15742	WOODGA	ATE PL		WOODG			
SUNRIS	E, FL	. 33326	SUNRIS	SE, FL	. 3333	26	DO NOT WRITE IN THIS SPACE
							3. Date incorporated or Qualified
							12/10/1997
2. Principal I	Place of Busi	mess	2a. Maifing /	Address			4. FEI Number Applied For 65 - 0804522 Not Applied
21 Suite, Apt	#.elc		26 Suite, Ar	pt. #, etc.			S8 75 Additional
22			27				5. Certificate of Status Desired Fee Required
City & Sta	ile		City & S	tate			6. Election Campaign Financing \$5.00 May Be
<b>23</b>	·	Country	28   		Country		Trust Fund Contribution
24		25	29		30		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30 X Yes No
24	9. Name	LT_L	urrent Registered Age	ent	1301		10. Name and Address of New Registered Agent
JOSE	VILLAF	ROFI.			81	Name	
		SATE PL			82	Street Ac	ddress (P.O. Box Number is Not Acceptable)
		33326			83	<u></u>	
	• _				63		
					84	City	FL 85 Zip Code
11. Pursuant	to the provis	sions of Sections 607	7 0502 and 607 1508, F State of Florida, Such o	londa Statut	es, the above	named co	orporation submits this statement for the purpose of changing its registere oration's board of directors. I hereby accept the appointment as registered
agent la	arri <b>fap</b> tiliar w	th, and accept the o	obligations of, Section	607.0505, Flo	orida Statutes	1	
SIGNATURE	1811	2225	est agent and tide if applicable	<u> </u>	6/16	/58	equired when reinstaling)
12.	e forme itte.		S AND DIRECTORS	(INC)	13.	or erg rature no	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
THE	P/V/T	/S/D		DELETE	11 TITLE		☐ Change ☐ Additi
NAME	VILLA	RROEL, JO	SE		1.2 NAM(	}	
STREET ADDRESS		WOODGATE			13SIRIET	ADDRESS	
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TIFLE			L	DEFETE	4.1 PILLE 4.2 NAME		☐ Change ☐ Additi
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CITY ST-ZIP					4.3 STREET		
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NAME DISSET #000010					6.2 NAML	ADDISECT	-09/14/9801142047 <b>) \/</b>
SIREET ADDRESS					6.3 S'PLET		***550.08
14.   hereby	Ithat th	e information supplie	ed with this filing does	not qualify fo	64 CITY-S or the exemp		in Section 119.07(3)(i). Florida Statutes. I further certify that the information

officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes. Turtrier certify that the information indicated on this annual report for supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oatri; 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 chapter 6, or given a machine of the corporation of the receiver of the corporation or the receiver of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in

SIGNATURE: