PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED Apr 07, 1999 8:00 am Secretary of State 04-07-1999 90114 008 ***150.00

ASTRO'S	CANDY SERVICE, INC.						
Principal Place	of Business	Mailing Address					
8133 NW. 65TH STREET 8133 N.W. 65TH STREET							
MIAMI FL 33166		MIAMI FL 33166			DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualifed		
		•			01/14/1998		ļ
2. Principal Pla	ace of Business	2a. Mailing Address			4, FEI Number	A	plied For
	3NW 665T	26			65-0804400		Applicable
Suite, Apt.	/ · / · / · · · · · · · · · · · · · · ·	Suite, Apt. #, etc.			5. Certificate of Status Desired		Additional .
22	and representation of the second of the seco	27					equired
City & State	C. A	City & State			6. Election Campaign Financing	\$5.00	
	M-1- 6-1-H-	28			Trust Fund Contribution	Added	to Leez
Zip	Country	Zip	Count	T y	This corporation owes the current year in Personal Property Tax.	tangible ∐Yes	□No
24 33/	100 25 20 DU	29	30		10. Name and Address of New Registered		
	9. Name and Address of Curre	nt registered Agent	8	1 Name	IN THE PROPERTY OF THE PROPERTY OF		
PRIF	TO, RICHARD		Ĺ	-			
	S.W. 93RD AVENUE		8	2 Street Add	dress (P.O. Box Number is Not Acceptable)	•	}
MIAMI FL 33166			8	3			$\overline{}$
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	to the provisions of Sections 607.05 agistered agent, or both, in the State of familiar with, and accept the oblig	502 and 607.1508, Florida State e of Florida. Such change was pations of, Section 607.0505, Fl		4 City ve-named corporaries.	rporation submits this statement for the purpose of their spoard of directors. I hereby accept the appointment of the purpose of their spoard of directors.	_ 1 1	code registered gistered
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14. I hereby certify that the information supplied with the fit indicated on this annual report of supplemental annual officer or director of the corporation or the receiver or to Block 12 or Block 13 if changed or on an attachment y g does not qualify for the exemption stated in Section 119.07(3)(). Florids Statutes. I further certify that the informatic port is true and accurate and that my signature shall have the same legal effect as if made under oeh; that I am an ties empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in

SIGNATURE: