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CORPORATION ANNUAL REPORT 1000



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Feb 16, 1999 8:00 am Secretary of State

02-16-1999 90028 022 ***150.00

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DOCUN	MENT # P98000	031788						
	VIA NATURAL FOODS, INC							
PAIAGO	AIN IANIONNE LOODO: INO	•			A LOOK AND THE LEVEL HAVE BEING COUNTY CONTRACT	LD (1880) 11888 (1881 15	AND THU HAR	
•							<u> </u>	
Principal Place	of Business	Mailing Address						
9381 NW 13TH ST. 9381 NW 13TH ST.								
MIAMI FL 33172		MIAMI FL 33172			DO NOT WRITE IN TH	IS SPACE		
					3. Date Incorporated or Qualifed			
					04/03/1998		olied For	
2. Principal Pla	ace of Business	2a. Mailing Address	٠.		4. FEI Number 65-0827503	 	Applicable	ت
21 Suite, Apt. 4		Suite, Apt. #, etc.	 -			\$8.75 A		•
Suite, Apr. 1	, etc.	27			5. Certificate of Status Desired	Fee Rec	prired	
City & State	<u> ميسون د د بيسا د د بيسا</u>	- City & State			6. Election Campaign Financing	\$5.00		
23		28			Trust Fund Contribution	Added to	Fees	
Zip Country		Zip Country		This corporation owes the current year to Personal Property Tax.	ritangibi s ☐ Yes	⊠ No		
24	9. Name and Address of Curren		301		10. Name and Address of New Registere	d Agent		
	9. KENIN ZIIO AUGIESS OI GEITEI	it i rolling and a signature	81	Name				
, wor	CIECHOSKI, CRISTIAN A		82	Street Add	ress (P.O. Box Number is Not Acceptable)			
9381 NW 13TH ST.					1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	5.7	375 a 18 a 19	
MIAM	II FL 33172		83	'	(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)		是是由	
			84	City	**************************************	85 Zip C	oda '''	
	10	12 4 607 1508 Elected States	e Ihe abou	e-named cor	poretion submits this statement for the purpose ion's board of directors. I hereby accept the app	of changing its	registered	
					poredon submits this statement for the purpose tion's board of directors. I hereby accept the app	ointment as reg	istered	
i agentitar	n familiar with, and accept the obliga	nions of, Section 607.0303, Flori	da Siame	D 1	•			
SIGNATURE	Signature, typed or printed name of registered age		Registered Age	ent signature requir	red when rainstating) - DATE		50 101 43	8
12.	OFFICERS AN	ID DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO ☐ Change	Addition	CR2E034 (11/98)
TITLE	PDS	DELETE	1.1 TITLE 1.2 NAME			<u> </u>	•	×
NAME	WOJCIECHOWSKI, CRISTIAN / 9754 NW 27TH TERR.	Ą	1	ET ADDRESS				
STREET ADDRESS	MIAMI FL 33172		1.4 CITY-1					25
CITY-ST-ZIP TITLE	VID	☐ DELETE	21 TITLE					
HAME	WOJCIECHOWSKI, MARIA B			1		Change	Addition	_
STREET ADDRESS			2.2 NAME	1		Change	☐ Addition	
	9754 NW 27TH TERR.		23 STRE	ET ADDRESS		Change	Addition	-
CITY-ST-ZIP	MAMI FL 33172	Desert	2 3 STREI 2. 4 CITY-	ET ADDRESS ST-ZIP		Change	☐ Addition	
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14. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). Profite Statutes. I faither or all indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect est if made under oath; that I am an indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect est if made under oath; that I am an indicated on this annual report 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

And the state of t