

**FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00**
**PROFIT  
CORPORATION  
ANNUAL REPORT  
1999**

 FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # P98000031788**

1. Corporation Name

PATAGONIA NATURAL FOODS, INC.

Principal Place of Business

9381 NW 13TH ST.  
MIAMI FL 33172

Mailing Address

9381 NW 13TH ST.  
MIAMI FL 33172

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/03/1998

4. FEI Number

65-0827503

Applied For

Not Applicable

5. Certificate of Status Desired ☐\$8.75 Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution ☐\$5.00 May Be  
Added to Fees8. This corporation owes the current year intangible  
Personal Property Tax. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

 WOJCIECHOSKI, CRISTIAN A  
 9381 NW 13TH ST.  
 MIAMI FL 33172

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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 reappointing)

DATE

12. OFFICERS AND DIRECTORS

1.1 TITLE - ☐ DELETE
 NAME PDS  
 STREET ADDRESS WOJCIECHOWSKI, CRISTIAN A  
 CITY-ST-ZIP 9754 NW 27TH TERR.  
 MIAMI FL 33172
1.2 NAME ☐ DELETE
 TITLE VTD  
 NAME WOJCIECHOWSKI, MARIA B  
 STREET ADDRESS 9754 NW 27TH TERR.  
 CITY-ST-ZIP MIAMI FL 33172
1.3 STREET ADDRESS ☐ DELETE
 CITY-ST-ZIP  
 TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP
1.4 CITY-ST-ZIP ☐ DELETE
 TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP
1.5 CITY-ST-ZIP ☐ DELETE
 TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP
1.6 CITY-ST-ZIP ☐ DELETE
 TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP
1.7 CITY-ST-ZIP ☐ DELETE
 TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP
1.8 CITY-ST-ZIP ☐ DELETE
 TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP
1.9 CITY-ST-ZIP ☐ DELETE
 TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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

02-16-1999 90028 022 \*\*\*150.00



CR2E034 (1/98)

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 on an attachment with an address, with all other like empowered.

1/20/99

Date

Daytime Phone #