

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

FILED
Apr 02, 1999 8:00 am
Secretary of State

04-02-1999 90017 048 ***150.00

DOCUMENT # P98000058306

1. Corporation Name

SISSI FOOD PRODUCTS, CORP.

Principal Place of Business

4105 PONCE DE LEON
CORAL GABLES FL 33134

Mailing Address

4105 PONCE DE LEON
CORAL GABLES FL 33134

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/30/1998

4. FEI Number

65-0846993

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 3970 SW 67 AVE

Suite, Apt. #, etc.

22

City & State

23 Miami

Zip

24 FL

Country

25 33165

2a. Mailing Address

26 10331 SW 54th St.

Suite, Apt. #, etc.

27

City & State

28 Miami FL

Zip

29 33165

Country

30 USA

9. Name and Address of Current Registered Agent

GALLO, DAMIAN
4105 PONCE DE LEON
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name

DAMIAN Gallo

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

10331 SW 54th St

83

84 City

Miami

FL

85 Zip Code

33165

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE CEO ☒ DELETE

NAME GALLO, DAMIAN

STREET ADDRESS 4105 PONCE DE LEON

CITY-ST-ZIP CORAL GABLES FL 33134

TITLE PVST ☒ DELETE

NAME GALLO, DAMIAN

STREET ADDRESS 4105 PONCE DE LEON

CITY-ST-ZIP CORAL GABLES FL 33134

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE CEO ☒ Change ☐ Addition

1.2 NAME GALLO, DAMIAN

1.3 STREET ADDRESS 10331 SW 54th Street

1.4 CITY-ST-ZIP Miami FL 33165

2.1 TITLE PVST ☒ Change ☐ Addition

2.2 NAME GALLO, DAMIAN

2.3 STREET ADDRESS 10331 SW 54th Street

2.4 CITY-ST-ZIP Miami FL 33165

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/19/99 (305) 666-6328

CR2E034 (11/98)

0218494