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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000069481

. Corporation Name

UNLIMITED LATIN FLAVORS, INC

FILED Mar 04, 1999 8:00 am Secretary of State

03-04-1999 90045 031 ***150.00

ONLIN	ED EAGING FEATURE									
Principal Place of Business Mailing Address									Tillin zazıl atanı	18181 (181 189)
2000 SOUTH DIXIE HIGHWAY. SUITE 104A 2000 SOUTH DIXIE HIGHWAY.					. Suite 104A					
COCONUT GROVE FL 33133 COCONUT GROVE FL 33133								DO NOT WRITE IN THIS	SPACE	•
								3. Date Incorporated or Qualifed		
	•							08/05/1998		ļ
Principal Place of Business 2a. Mailing Address								4. FEI Number	Ap	plied For
21 2			¬					65-0356377	No	t Applicable
Suite, Apt. #, etc.			Suite, Apt. #, etc.						\$8.75 A	dditional
			7					5. Certifcate of Status Desired	Fee Re	quired
City & State			City & State					6. Election Campaign Financing	\$5.00	Мау Ве
23			В					Trust Fund Contribution	Added to	o Fees
Zip	Country Zip			Country				8. This corporation owes the current year Intangible		
24	25	29		30				Personal Property Tax.		□No
	9. Name and Address of Current	Regis	tered Agent		81			10. Name and Address of New Registered	Agent	
VELL	INTA CODD				01	Name				
VELUNZA CORP.					82	Street	Addre	ss (P.O. Box Number is Not Acceptable)		
2000 SOUTH DIXIE HIGHWAY, SUITE 104A COCONUT GROVE FL 33133					83					
COCONOT GROVE PL 33133					6.0					
		7	_		84	City		FL.	85 Zip C	Code
67 0500 and 67 4500 First Statute						nomod			changing its	registered
11. Pursuant to the provisions of Sections 67.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered egent, 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 aftent the obligations of Section 607,0505, Florida Statutes.										
SIGNATURE	o Du Chy 8 cmc	F-V	34 June	. Ossistan	4 4 5 6 5	t cianature :	raquirad	O\ − O♠ − ⊝ when reinstating) DATE	<u> カ</u>	
12.	Signature ryped at printed name of registered agen OFFICERS AN			13.		it signature i	required	ADDITIONS/CHANGES TO OFFICERS AN	ID DIRECTO	RS IN 12
TITLE	D	<i>5</i>	DELETE	1.1 T					Change	☐ Addition
NAME	GUTIERREZ, ARMANDO 2600 SW 3RD AVENUE, SUITE 301				1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP					j
STREET ADDRESS										İ
CITY-ST-ZIP									<u> </u>	
TITLE	D		☐ DELETE	2.1 T	ME				Change	Addition
NAME	HEVIA, GILBERT			2.2 N	IAME				•	
STREET ADDRESS	THE PARTY OF THE PARTY OF THE AREA				TREET	T ADDRESS				İ
CITY-ST-ZIP					2.4 CITY-ST-ZIP					
TITLE	D		DELETE	· 3.1 T	TILE .		∤-	الشاخسين فالماري	Change	☐ Addition
NAME	VELUNZA, BERT			3.2 N	IAME					
STREET ADDRESS	2000 SOUTH DIXIE HIGHWAY, SUITE 104A				3.3 STREET ADDRESS					
CITY-ST-ZIP	COCONUT GROVE FL 33133			3.4.	CITY- <u>5</u>	ST-ZIP	<u> </u>			F-3 A . C 09
TITLE			☐ DELETE	4.1 T	TILE		1		Change	Addition
NAME				4.21	NAME					
STREET ADDRESS				4.3 9	TREE	T ADDRESS				
CITY-ST-ZIP					:пү- <u>\$</u>	T-ZIP	₩		Change	Addition
TITLE			☐ DELETE		TTLE				[] Change	רי עממווזטוו
NAME					IAME	T ADDDC00				
STREET ADDRESS						T ADDRESS				
CITY-ST-ZIP			☐ DELETE		TITY-S)-ZIP	-		Change	Addition
TITLE			☐ DÉTE1F		IAME				L1 change	
NAME						T ADDDEGO				
STREET ADDRESS	,					T ADDRESS				-
CITY-ST-ZIP				€ 5.4 €	TY-S	1-43P				

14. I hereby certify that the information supplied with this filting 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 suppliemental annual report is bue 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 received 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 OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-04-99

305)285-0101 Daytime Phone #