

FILED
May 06, 1999 8:00 am
Secretary of State

05-06-1999 90173 020 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS																																																																							
DOCUMENT # P98000071806 1. Corporation Name CHOCOLIT INC.																																																																											
Principal Place of Business 11313 SW 133 PLACE MIAMI FL 33186			Mailing Address 11313 SW 133 PLACE MIAMI FL 33186																																																																								
DO NOT WRITE IN THIS SPACE																																																																											
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country			3. Date Incorporated or Qualified 08/18/1998 4. FEI Number 65-0639570 5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees 7. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No																																																																								
24 Zip Country 25			26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29																																																																								
8. Name and Address of Current Registered Agent MONZON, DANILO E 11313 SW 133 PLACE MIAMI FL 33186			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 _____ DATE _____ Signature, typed or printed name of registered agent and the date of signature. (NOTE: Registered Agent signature required when constituting)																																																																											
12. OFFICERS AND DIRECTORS <table border="1"> <tr> <td>TITLE</td> <td>NAME</td> <td>STREET ADDRESS</td> <td>CITY-ST-ZIP</td> <td>☐ DELETE</td> </tr> <tr> <td></td> <td>Danilo E. Monzon</td> <td>11313 SW 133 Place</td> <td>Miami FL 33186</td> <td>President</td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td>STREET ADDRESS</td> <td>CITY-ST-ZIP</td> <td>☐ DELETE</td> </tr> <tr> <td></td> <td>Carla B. Jimenez</td> <td>11313 SW 133 Place</td> <td>Miami FL 33186</td> <td>VPres</td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td>STREET ADDRESS</td> <td>CITY-ST-ZIP</td> <td>☐ DELETE</td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td>STREET ADDRESS</td> <td>CITY-ST-ZIP</td> <td>☐ DELETE</td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td>STREET ADDRESS</td> <td>CITY-ST-ZIP</td> <td>☐ DELETE</td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td>STREET ADDRESS</td> <td>CITY-ST-ZIP</td> <td>☐ DELETE</td> </tr> </table>			TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ DELETE		Danilo E. Monzon	11313 SW 133 Place	Miami FL 33186	President	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ DELETE		Carla B. Jimenez	11313 SW 133 Place	Miami FL 33186	VPres	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ DELETE	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ DELETE	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ DELETE	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ DELETE	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 <table border="1"> <tr> <td>1.1 TITLE</td> <td>1.2 NAME</td> <td>1.3 STREET ADDRESS</td> <td>1.4 CITY-ST-ZIP</td> <td>☐ Change ☐ Addition</td> </tr> <tr> <td>2.1 TITLE</td> <td>2.2 NAME</td> <td>2.3 STREET ADDRESS</td> <td>2.4 CITY-ST-ZIP</td> <td>☐ Change ☐ Addition</td> </tr> <tr> <td>3.1 TITLE</td> <td>3.2 NAME</td> <td>3.3 STREET ADDRESS</td> <td>3.4 CITY-ST-ZIP</td> <td>☐ Change ☐ Addition</td> </tr> <tr> <td>4.1 TITLE</td> <td>4.2 NAME</td> <td>4.3 STREET ADDRESS</td> <td>4.4 CITY-ST-ZIP</td> <td>☐ Change ☐ Addition</td> </tr> <tr> <td>5.1 TITLE</td> <td>5.2 NAME</td> <td>5.3 STREET ADDRESS</td> <td>5.4 CITY-ST-ZIP</td> <td>☐ Change ☐ Addition</td> </tr> <tr> <td>6.1 TITLE</td> <td>6.2 NAME</td> <td>6.3 STREET ADDRESS</td> <td>6.4 CITY-ST-ZIP</td> <td>☐ Change ☐ Addition</td> </tr> </table>			1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	☐ Change ☐ Addition	2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP	☐ Change ☐ Addition	3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP	☐ Change ☐ Addition	4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP	☐ Change ☐ Addition	5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP	☐ Change ☐ Addition	6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ DELETE																																																																							
	Danilo E. Monzon	11313 SW 133 Place	Miami FL 33186	President																																																																							
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ DELETE																																																																							
	Carla B. Jimenez	11313 SW 133 Place	Miami FL 33186	VPres																																																																							
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ DELETE																																																																							
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ DELETE																																																																							
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ DELETE																																																																							
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ DELETE																																																																							
1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	☐ Change ☐ Addition																																																																							
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP	☐ Change ☐ Addition																																																																							
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP	☐ Change ☐ Addition																																																																							
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP	☐ Change ☐ Addition																																																																							
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP	☐ Change ☐ Addition																																																																							
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP	☐ Change ☐ Addition																																																																							

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]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/99

3053869702

CR2E034 (1/98)