PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

- Secretary of State * DIVISION OF CORPORATIONS

FILED Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90072 002 ***150.00 05-17-1999 90032 048 ***150.00

| DOCUMENT # P98000091002 | | | | | | | |
|---|---|---|---|---|--|------------------------------|---------------------------------------|
| | ECORDS, INCORPORATED | 4- | | | | | |
|] | | | | C PROTEING THE RELIGION OF THE PROTEIN CONTRACT | | | |
| | | | | | | | |
| l : | e of Business | Mailing Address | | | | | 7.11 |
| POST OFFICE BOX 540544 OPA LOCKA FL 33054 POST OFFICE BOX 540544 OPA LOCKA FL 33054 | | | | · | • | | |
| | | | | | E IN THIS SPACE | | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 |
| | | | | 3. Date incorporated or Qualified 10/26/1998 | | | |
| 8 Direction 1 D | tace of Business | 2a. Mailing Address | . - | 4. FEI Number | l Az | polied For | |
| 2. Principal Pi | tace of Dustriess | 26 | | 65-0876 | | ot Applicable | |
| Suite, Apt. | #, etc. | Suite, Apt. #, etc. | | 5. Certificate of Status Desired | \$8.75 | Additional | 1:3 |
| 22 | | 27 | | | Fee Ri | equired | 1 |
| City & Stat | 16.1 | - City & State | | 6. Election Campaign Financing Trust Fund Contribution | 11 | May.Be to Fees | |
| Zip | Country | 28 Zip | Country | 8. This corporation owes the curre | | 1 000 | |
| 24 | 25 | | 10 | Personal Property Tax. | Yes | ⊡ No | |
| | 9. Name and Address of Current | | | 10. Name and Address of New R | egistered Agent | | |
| BUI | IRNE DIAN | | 81 Name | Holly Cohen | | | , III |
| BOURNE, DIAN PARK PLACE II, SUITE C | | | 82 Street | Address (P.O. Box Number is Not Accepta | ble) P. Suite = | 255 | 204 204 204 204 |
| 12934 S.W., 133RD COURT. | | | 83 | Bo miami Goedens I | P. SUITE - | 525 | 1 122 |
| MAN | VI FL 33186 | | | <u> </u> | · | Codo | |
| | | | 84 City | niami Beach | FL 3a | Code | |
| 11. Pursuant | to the provisions of Sections 607.0502 | and 607.1508, Florida Statutes | the charm named | corporation submits this statement for the ration's board of directors. I hereby accept | purpose of changing its | registered distered | |
| Office of r | registered agent, or both, in the State of im familiar with, and accept the obligation | one of Section 607,0505. Florid | da Statules | igodi s posici di tarbabita. I maraby accep | / | 3 | l illigi |
| } age⊪⊾a | in ionimid ident and accept and accept | A10 D1, D0000011 001 100001 1 10111 | an Cibicios. | | 11./00 | 1 | |
| SIGNATURE | (alan) as Colac | 24 | | and the selection | 41/99 | | 186 |
| SIGNATURE | Signature, typed by printed narra of regulared agent a | and title if applicable. (NOTE: F | logistered Agent signature in | quired when reinstating) ADDITIONS/CHANGES TO OFI | DATE FICERS AND DIRECTO |)RS IN 12 | (86) |
| | (alan) as Colac | and title if applicable. (NOTE: F | Registered Agent signature in | | DATE FICERS AND DIRECTO | DRS IN 12 | (86) |
| SIGNATURE | Signature, 1990 by primits normally regulated agent of OFFICERS AND KEMP, LISA | DIRECTORS | logislared Agent agneture n | ADDITIONS/CHANGES TO OFI | ☐ Change | | (11/98) |
| SIGNATURE 12. | Signature, 1990 by permits normal or regulated agent a OFFICERS AND REMP, LISA POST OFFICE BOX 540544 N/A | DIRECTORS | logistered Agent signature in 13. | D Cecil Lamb ROSH OFFICE BOX SUPER | ☐ Change | | 034 (11/98) |
| SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP | Signature, 1990 to permit normal or regulated agent a OFFICERS AND POST OFFICE BOX 540544 N/A OPA LOCKA FL 33054 | DIRECTORS DELETE | Registered Agent agreture in 13.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP | ADDITIONS/CHANGES TO OFI | 다 다 다 다 | Addition | 034 (11/98) |
| SIGNATURE 12. IIILE NAME STREET ADDRESS CITY ST-ZIP TITLE | Signature, 1990 by permits normal or regulated agent a OFFICERS AND POST OFFICE BOX 540544 N/A OPA LOCKA FL 33054 | DIRECTORS | Registered Agent agreture in 13. 1.1 TITLE 12 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE | ADDITIONS/CHANGES TO OFF D Cecil Lamb POSH-OFFICE BOX SUPER OFA LOCKA, FI. 33050 D | ☐ Change | | 034 (11/98) |
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4. I hereby certify that the information supplied with this filling does not quality for the exemption stated in Section 119.7 Florida Statutes. I totale certify that the information supplies that the state 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 13 if changed, or on an attachment with/an address, with all other like empowered.

SIGNATURE: # XUST THE OF PRINTED AND OFFICER ON DIRECTOR

4/15/99

305-621-2440