

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
Jun 24, 1999 8:00 am
Secretary of State

06-24-1999 90014 021 ***158.75

DOCUMENT # **P98000105676** ✓

1. Corporation Name

MOON IN A SPOON, INC.

Principal Place of Business

Mailing Address

**661 WASHINGTON AVE.
MIAMI, FL 33139**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/21/1998

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

26

4045 SHERIDAN AVE.

Suite, Apt. #, etc.

27

SUITE 129

City & State

28

MIAMI BEACH, FL

Zip

Country

29

33140

30

DADE

4. FEI Number

☒ 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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ZANARDI, OLIMPIA

81 Name

ZANARDI, OLIMPIA

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

4045 SHERIDAN AVE.

83

SUITE 129

84

MIAMI BEACH

FL

85 Zip Code

33140

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

Olimpia R. Zanardi

OLIMPIA R. ZANARDI

6/17/1999

DATE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **DIRECTOR** ☐ DELETE

NAME **ZANARDI, OLIMPIA**

STREET ADDRESS **4045 SHERIDAN AVE, #129**

CITY-ST-ZIP **MIAMI BEACH, FL 33139**

TITLE **DIRECTOR** ☒ DELETE

NAME **MOISAN, PIERRECK**

STREET ADDRESS **1233 COLLINS AVE #3**

CITY-ST-ZIP **MIAMI BEACH, FL 33139**

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

1.1 TITLE

☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

MIAMI BEACH, FL 33140

2.1 TITLE

☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

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:

Olimpia R. Zanardi

OLIMPIA R. ZANARDI

DATE

6/17/1999

DAYTIME PHONE #

305-798-1697

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/98)

Charles C. Adams
5201 Geneva Way, #102
Miami, FL 33166-4616
Tel 305-593-1634 Fax 305-593-0976

pg 8000105676
579536-90014-21

June 17, 1999

Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

RE: MOON IN A SPOON, INC.
P98000105676

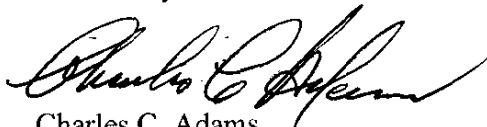
Dear Sir or Madam:

Enclosed please find the Annual Report and filing fee for the above referenced corporation.

Please note that the original pre-printed form was never received and a blank form was requested from your office and received by us on June 16, 1999. At the time of our request, your office suggested that a letter be included with the filing stating the above facts.

Thank you for your assistance in this matter.

Yours truly,


Charles C. Adams
Bookkeeper