Apr 14, 1999 8:00 am Secretary of State

04-14-1999 90027 018 \*\*\*150.00

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # \$30066

1. Corporation Name

CHIQUITO SERVIPLAST, INC.

Principal Place	of Business	Mailing Ad	idress				- [	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						
2622 SW 3RD ST	r	2622 SW 3										•		
MIAMI FL 33135			MIAMI FL 33135						DO NO	T WRIT	re in Thi	S SPACE		
US		US					3	. Date Incorpo						
								02/01/199						
2. Principal Pla	ce of Rusiness	2a. Mailing	Address				- 4	FEI Number					App	lied For
<b>–</b> '		_ } <u> </u>	, , , , , , , , , , , , , , , , , , ,					-NOT APE				مبوا		Applicable
Suite, Apt. #	etc.		Apt. #, etc.	<u> </u>						-		\$8.7	75 Ac	Iditional
22	,	27					5	i. Certifcate of	Status Des	ired		Fe	e Req	uired
City & State		City &	State				6	. Election Car	npaign Fina	ncing		\$5.	00 N	May Be
23		28					-	Trust Fund (	-	·			ded to	
Zip	Country	Zip		Co	ountry		8	3. This corpora	ation owes th	ne cum	ent year l	ntangible		/
24	25	29	-	30				Personal Pre				Yes		2/No
	9. Name and Address of Curren		gent				10	). Name and	Address of	New F	tegistere	d Agent		
					81	Name	_	_						
CHIQ	UITO, JORGE A.				82	Stroot A	Address (	(P.O. Box Nun	her is Not A	ccenta	hle)	,		·
2622	SW,3RD ST.				02	Ollectio	1001033 (	(1.0.00.10.1	,		,	•		·
MAM	FL 33135				83									
												Jaši	7: C	
	السوادية المائية	•			84	City					F	L  85	Zip Co	000
office or reg agent. I am	o the provisions of Sections 607.050 gistered agent, or both, in the State of familiar with, and accept the obliga	of Florida, Such	n change was a	authoriz	ea by	tne corpo	corporation s t	on submits this board of direct	s statement ors. I hereby	for the accer	purpose of the app	of changin ointment	ig its r as regi	egistered istered
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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.

6.4 CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR