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

DOCUMENT # S73916

Corporation Name

I LOVE JUICY, INC.

2. Principal Place of Business

. 2012 0010 1, 1110	
Principal Place of Business	Mailing Address
670 N.E. 114TH STREET MIAMI FL 33161	670 N.E. 114TH STREET MIAMI FL 33161

26

2a. Mailing Address

FILED Apr 26, 1999 8:00 am Secretary of State

04-26-1999 90248 049 ***150.00



DO NOT WRITE IN THIS SPACE

App ied For

Not Applicable

3. Date Incorporated or Qualifed

07/22/1991 4. FEI Number

65-0279881

Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certifca	ite of Status Desired	- -	\$8.75 Ac Fee Req		
City & S ate	е	City & State			1	Campaign Financi	ng 🖂	\$5.00 N Added to		
Zip	Country	Zip	Countr	гу		8. This co	rporation owes the	current year li	ntangible	
24	25	29 30			Personal Property Tax.				☐ Yes [No
	9. Name and Address of Currer	t Registered Agent				10. Name	and Address of Ne	w Registere	d Agent	
			8	1	Name					
	HAKIM, JOSEPH			2	Street Acdress (P.O. Box Number is Not Acceptable)					
670 NE 114TH STREET										
MAN	VII FL 33161		8	3						
			8	4	City			F	85 Zip C	ode
11 Dusquant	to the provisions of Sections 607.050	2 and 607 1508. Florida Statute	s the abo	1VE-1	named como	ration submit	s this statement for	the purpose	of changing its r	egistered
office crin	egistered agent, or both, in the State m familiar with, and accept the obliga	cf Florida. Such change was au	ithorized b	y th	ne corporation	's board of d	irectors. I hereby ac	ccept the app	ointment as reg	stered
SIGNATUFE	Signature, typed or printed na ne of registered agei	nt and title if applicable (NOT =: 1	Registered Ap	ent s	signature required v	when reinstating)		DATE		
12.		ID DIRECTORS	13.		<u> </u>		NS/CHANGES TO	OFFICERS A	ND DIRECTOR	S IN 12
TITLE	D	☐ DELETE	1.1 TITLE						Change	Addition
NAME	HAKIM, JOSEPH		12 NAME	12 NAME						
STREET ADDRESS	670 NE 114TH STREET		1.3 STRE	1.3 STREET ADDRESS						
CITY-ST-ZIP	MIAMI FL		1.4 CITY-ST-2							
TITLE		☐ DELETE	2 1 TITLE						Change	Addition
NAME			2.2 NAME	E						1
STREET ADDRESS			2.3 STRE		DORESS					
CITY-ST-ZIP			2. 4 CITY		i i					
TITLE		☐ DELETE	3 1 TITLE			-			☐ Change	Addition
NAME			3.2 NAME	E						
STREET ADDRESS			33 STRE		DORESS					
			3.4. CITY		1					
CITY-ST-ZIP		□ DELETE	4.1 TITLE						☐ Change	Addition
NAME		—	4. 2 NAM						-	
STREET ADDRESS			4.3 STRE		DDRESS					
										Ì
CITY-ST-ZIP TITLE		□ DELETE	4.4 CITY-ST-ZIP						☐ Change	Addition
NAME		<u> —</u> •	5.2 NAME							
			5.3 STRE	ETA	DDRESS					
STREET ADORESS			5.4 CITY-							
CITY-ST-ZIP TITLE		□ DELETE	6.1 TITLE						Change	Addition
ļ			6.2 NAME							-
NAME			6.3 STRE		DDRESS					}
STREET ADDRLSS			6.4 CITY-							
CITY-ST-ZIP	certify that the information supplied w	its this filing does not qualify far				ection 119 0.	(3)(i) Florida Statut	es I further o	ertify that the in	formation

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.0"(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 repeting of this teste 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 an adjact that my name appears in the statute of the statu

SIGNATURE:

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

- 4/

305-373-1730

Daytime Phone #

CR2E034 (11/98)