

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  
May 06, 1999 8:00 am  
Secretary of State

05-06-1999 90257 022 \*\*\*150.00

DOCUMENT # S80378

1. Corporation Name  
SUPER RICO, INC.

Principal Place of Business

7201 METRO BLVD  
MINNEAPOLIS MN 55439  
US

Mailing Address

7201 METRO BLVD  
MINNEAPOLIS MN 55439  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/13/1991

4. FEI Number

65-0302240

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

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

9. Name and Address of Current Registered Agent

NRAI SERVICES, INC.  
526 E PARK AVE  
TALLAHASSEE FL 32301

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	FINKELSTEIN, PAUL	
STREET ADDRESS	7201 METRO BLVD	
CITY-ST-ZIP	MINN MN 55439	
TITLE	V	<input type="checkbox"/> DELETE
NAME	KARTARIK, MARK	
STREET ADDRESS	7201 BLVD	
CITY-ST-ZIP	MINNEAPOLIS MN	
TITLE	VS	<input type="checkbox"/> DELETE
NAME	GROSS, BERT M	
STREET ADDRESS	7201 METRO BLVD	
CITY-ST-ZIP	MINNEAPOLIS MN	
TITLE	T	<input type="checkbox"/> DELETE
NAME	PLATE, PAUL	
STREET ADDRESS	7201 METRO BLVD	
CITY-ST-ZIP	MINNEAPOLIS MN	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	FINKELSTEIN, PAUL	
1.3 STREET ADDRESS	7201 METRO BOULEVARD	
1.4 CITY-ST-ZIP	MINNEAPOLIS, MN 55439	
2.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	KARTARIK, MARK	
2.3 STREET ADDRESS	7201 METRO BOULEVARD	
2.4 CITY-ST-ZIP	MINNEAPOLIS, MN 55439	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	PLATE, PAUL	
4.3 STREET ADDRESS	7201 METRO BOULEVARD	
4.4 CITY-ST-ZIP	MINNEAPOLIS, MN 55439	
5.1 TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	LANBAN, VICKI	
5.3 STREET ADDRESS	7201 METRO BOULEVARD	
5.4 CITY-ST-ZIP	MINNEAPOLIS, MN 55439	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-27-99

Date

612-947-7777

Daytime Phone #

CR2E034 (11/98)