

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **S93720** (8)

1. Corporation Name

BITTERSWEET OF PALM BEACH, INC.

Principal Place of Business

Mailing Address

**3630 SOUTH DIXIE HIGHWAY
WEST PALM BEACH FL 33405**

**3630 SOUTH DIXIE HIGHWAY
WEST PALM BEACH FL 33405**



2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

29

25

30

9. Name and Address of Current Registered Agent

**BOYKIN, SANDRA J.
3630 SOUTH DIXIE HIGHWAY
WEST PALM BEACH 33405**

3. Date Incorporated or Qualified

11/08/1991

3a. Date of Last Report

03/24/1995

4. FEI Number

65-0284145

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 has liability for intangible tax under s. 199.032,
Florida Statutes

☒ Yes

☐ No

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

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

DP

☒ DELETE

NAME

YANEZ-CAVADA, GONZALO

STREET ADDRESS

271 LAPUERTA WAY

CITY- ST- ZIP

PALM BEACH FL

TITLE

DVS

☐ DELETE

NAME

BOYKIN, SANDRA J.

STREET ADDRESS

250 KAWAMA LANE

CITY- ST- ZIP

PALM BEACH FL

TITLE

T

☐ DELETE

NAME

BOYKIN, SANDRA J.

STREET ADDRESS

250 KAWAMA LANE

CITY- ST- ZIP

PALM BEACH FL

TITLE

S

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NAME

ENCARNACION GALVEZ

STREET ADDRESS

237 WRENA DR.

CITY- ST- ZIP

WEST PALM BEACH FL

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY- ST- ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY- ST- ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY- ST- ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY- ST- ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY- ST- ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY- ST- ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY- ST- ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY- ST- ZIP

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SIGNATURE:

Sandra J. Boykin
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

(407) 655-2313
Daytime Phone #

CR2E034 (12/95)