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Jun 11 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # V36059

(6)

1. Corporation Name  
QUEEN BERRIES, INC.

Principal Place of Business  
9045 LAFONTANA BLVD.  
C68  
BOCA RATON FL 33434

Mailing Address  
9045 LAFONTANA BLVD.  
C68  
BOCA RATON FL 33434-5633



3. Date Incorporated or Qualified 05/14/1992  
3a. Date of Last Report 08/12/1996

2. Principal Place of Business  
21 19713 BLACK OLIVE LN  
Suite, Apt. #, etc.  
22  
City & State  
23 BOCA RATON, FL  
Zip 33498 Country USA  
24 33498 25 USA  
26 19713 BLACK OLIVE LN  
Suite, Apt. #, etc.  
27  
City & State  
28 BOCA RATON, FL  
Zip 33498 Country USA  
29 33498 30 USA

4. FEI Number 65-0360358  
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

9. Name and Address of Current Registered Agent  
LAZANO, MANUEL JOSE  
9045 LAFONTANA BLVD.  
C68  
BOCA RATON FL 33434

10. Name and Address of New Registered Agent  
81 Name JUAN PABLO LOZANO  
82 Street Address (P.O. Box Number is Not Acceptable)  
19713 BLACK OLIVE LN.  
83  
84 City BOCA RATON FL 85 Zip Code 33498

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 JUAN PABLO LOZANO / GABRIEL HERNANDEZ 530-97  
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 PD  
NAME LOZANO, MANUEL JOSE  
STREET ADDRESS 9045 LAFONTANA BLVD.  
CITY-ST-ZIP BOCA RATON FL 33434  
TITLE DST  
NAME LOZANO, JAIME  
STREET ADDRESS 9045 LAFONTANA BLVD.  
CITY-ST-ZIP BOCA RATON FL 33434  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
1.1 TITLE GENERAL MANAGER  
1.2 NAME JUAN PABLO LOZANO  
1.3 STREET ADDRESS 19713 BLACK OLIVE LN  
1.4 CITY-ST-ZIP BOCA RATON, FL 33498  
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

14. I do 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 not, attach an attachment with an address.

CR2E034 (9/96)