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 # V54433

LA CURBITA, INC.

FILED Feb 27, 1999 8:00 am Secretary of State

02-27-1999 90022 044 ***150.00



6: 10	(D)	A finition of Adalas as		
Principal Place of Business Mailing Address				
4109 WEST HIC PLANT CITY FL		4109 WEST HIGHWAY 574 PLANT CITY FL 33566		DO NOT WRITE IN THIS SPACE
{				3. Date incorporated or Qualifed 07/27/1992
2 Dringing! D	Place of Rusiness	2a. Mailing Address		U1/21/1992
				59-3137003 Not Applicable
				\$8.75 Additional
22 Suite, Apr.	.,, ouc.	27		5. Certificate of Status Desired Fee Required
City & State		City & State		6. Election Campaign Financing 55.00 May Be
23		28		Trust Fund Contribution Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current year Intangible
24	25	29 30		Personal Property Tax.
	9. Name and Address	of Current Registered Agent		10. Name and Address of New Registered Agent
F450	DICIO MOLEIA		81 Name	LETICIA MANNING
FABRICIO MOLINA			82 Stree	t Address (P.O. Box Number is Not Acceptable)
4109 S R 574				1704 COWART RD
PLAI	NT CITY FL 33657		83	
	\sim		84 City	PL 85 Zip Code 33566
11 Durquant	d corporation submits this statement for the numose of changing its registered			
office or r	egistered agent, or both, in	the State of Florida. Such change was auth	orized by the cor	poration's board of directors. I hereby accept the appointment as registered
١		t the opting anons of, Section 607.0505, Florid	ช อเสเบเ ต ร.	1-12-99
SIGNATURE	Sometime, based or printed name of	régistered agent and title if applicable. (NOTE: Re	egistered Agent signature	required when reinstating) DATE
12.		ICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D	V TA DELETE	1.1 TITLE	Change Addition
NAME	MOLINA, FABRICIA		1.2 NAME	LETICIA MANNING
STREET ADDRESS	4109 SR 574		1.3 STREET ADDRES	SITOH CANADA UD
CITY-ST-ZIP	PLANT CITY FL		1.4 CITY-ST-ZIP	PLANT CITY, FL 23566
TITLE		☐ DELETE	2.1 TITLE	Change Addition
NAME			2.2 NAME	
STREET ADDRESS		•	2.3 STREET ADDRES	
CITY-ST-ZIP		· · · · · · · · · · · · · · · · · · ·	2. 4 CITY-ST-ZIP	
TITLE		☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4. CITY+ST-ZIP	Change Addition
TITLE	}	☐ DELETE	4.1 TITLE	
NAME			4. 2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	5
CITY-ST-ZIP		☐ DELETE	4 4 CITY-ST-ZIP	Change Addition
TITLE		□ vcre≀e	5.1 TITLE 5.2 NAME	Coursing - Hadingar
NAME			5.3 STREET ADDRESS	
STREET ADDRESS	-		5.4 CITY-ST-ZIP	· ·
CITY-ST-ZIP		☐ DELETE	6.1 TITLE	Change Addition
TITLE			6.2 NAME	
NAME			6.3 STREET ADDRESS	
STREET ADDRESS				
CITY-ST-ZIP			6.4 CITY-ST-ZIP	d in Continue 440 07/3/(i) Florido Statutas I further cortify that the information

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 supplied that 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:

1-12-99

Daytime Phone #