

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# K64236

**Entity Name:** SUPREMA, INC.

**Current Principal Place of Business:**

7900 GLADES RAOD  
STE 320  
BOCA RATON, FL 33434-4104

**Current Mailing Address:**

7900 GLADES RAOD  
STE 320  
BOCA RATON, FL 33434-4104 US

**FEI Number:** 65-0100635

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

JACOBSON, HAROLD B  
7900 GLADES ROAD  
SUITE 320  
BOCA RATON, FL 33434-4104 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title DP  
Name JACOBSON, HAROLD B  
Address 7900 GLADES RD STE 320  
City-State-Zip: BOCA RATON FL 33434-4104

Title VP  
Name JACOBSON, RALPH  
Address 7900 GLADES ROAD, SUITE 320  
City-State-Zip: BOCA RATON FL 33434-4104

Title DAST  
Name JACOBSON, BEATRIZ R  
Address 7900 GLADES ROAD STE 320  
City-State-Zip: BOCA RATON FL 33434

Title D  
Name KOOLIK, TANIA  
Address 7900 GLADES RD STE 320  
City-State-Zip: BOCA RATON FL 33434-4104

Title ST  
Name KOOLIK, GARY R  
Address 7900 GLADES ROAD STE 320  
City-State-Zip: BOCA RATON FL 33434-4104

Title D  
Name JACOBSON, DAVID AM.D.  
Address 7900 GLADES ROAD SUITE 320  
City-State-Zip: BOCA RATON FL 33434

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** HAROLD JACOBSON

DP

04/19/2016

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date