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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 348934

1. Corporation Name

<i>"</i>	RUCTION CATERING	INC					
Principal Place of Business Mailing Address					+ 100100 11111 0100 (0110 1110 1111 0111 0111 0111 0111 0111 0111 0111 0111 0111 0111 0111 0111 0111 0111 0111	(OIA GABA) DIBAI DIBII	01917 81871 1881
2472 NW 21 TERR. 2472 NW 21 TERR. MIAMI FL 33142-7109 MIAMI FL 33142-7109					DO NOT WRITE IN T	HIS SPACE	
					3. Date Incorporated or Qualifed		
					07/03/1969		• • •
2. Principal F	Place of Business	2a. Mailing Address			4. FEI Number	′ A	pplied For
21		26			59-1275454	N	ot Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.	⊢		5. Certificate of Status Desired		Additional lequired
City & Star	te	City & State			6. Election Campaign Financing	\$5.00	May Be
23		28			Trust Fund Contribution		to Fees
Zip	Country	Zip	Countr	у	8. This corporation owes the current year		
24	25		30		Personal Property Tax.	Yes	□No .
	9. Name and Address o	of Current Registered Agent	81	1 N	10. Name and Address of New Registe	red Agent	
REN	ICOMO, ESTEBAN		*1	l Name	•		
2411 SW 174 AVE			82 Street Addre		ress (P.O. Box Number is Not Acceptable)		
MIAI	MI FL 33142		83	3			
			84	City		85 Zip	Code
office or r	registered agent, or both, in th	he State of Florida. Such change was au	thorized by	the corporation	poration submits this statement for the purpose on's board of directors. I hereby accept the ap	e of changing its	s registered
SIGNATURE	ini laminar with, and accopt to	he obligations of, Section 607.0505, Flori	da Statute	S. '		•	
SIGNATURE	Signature, typed or printed name of reg	pistered agent and title if applicable. (NOTE: I	Registered Age	S.	ad when reinstating) , , , , DATE	· ·	
SIGNATURE	Signature, typed or printed name of reg	pistored agent and title if applicable. (NOTE: I	Registered Age	S.	ADDITIONS/CHANGES TO OFFICERS	S AND DIRECTO	ORS IN 12
SIGNATURE 12. TITLE	Signature, typed or printed name of reg OFFIC	pistered agent and title if applicable. (NOTE: I	13.	S.		· ·	
SIGNATURE 12. TITLE NAME	Signature, typed or printed name of reg OFFIC P BENCOMO, ESTEBAN	pistored agent and title if applicable. (NOTE: I	13. 1.1 TITLE	S.	ADDITIONS/CHANGES TO OFFICERS	S AND DIRECTO	ORS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS	Signature, typed or printed name of reg OFFIC P BENCOMO, ESTEBAN 2411 SW 174 AVE.	pistored agent and title if applicable. (NOTE: I	13. 1.1 TITLE 1.2 NAME 1.3 STREE	s. In signature require	ADDITIONS/CHANGES TO OFFICERS	S AND DIRECTO	ORS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY- ST- ZIP	Signature, typed or printed name of reg OFFIC P BENCOMO, ESTEBAN 2411 SW 174 AVE. MIAMI FL	pistered agent and title if applicable. (NOTE: I	13. 1.1 TITLE 1.2 NAME 1.3 STREE	s. In signature require	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	ORS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature, typed or printed name of reg OFFIC P BENCOMO, ESTEBAN 2411 SW 174 AVE. MIAMI FL VT	pistored agent and title if applicable. (NOTE: I	13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-S 2.1 TITLE	s. In signature require	ADDITIONS/CHANGES TO OFFICERS	S AND DIRECTO	ORS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY- ST- ZIP TITLE NAME	Signature, typed or printed name of reg OFFIC P BENCOMO, ESTEBAN 2411 SW 174 AVE. MIAMI FL VT BENCOMO, MIGDALIA	pistered agent and title if applicable. (NOTE: I	13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-S 2.1 TITLE 2.2 NAME	s. int signature require	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	ORS IN 12
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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 opporation on 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 charged, or on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

FILED

Feb 13, 1999 8:00am

Secretary of State

02-13-1999 90007 043 ***150.00