

FILE NOW: FILING FEE AFTI . MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT 1997



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

FILED

97 JUN 24 PM 12:56

SECRETARY OF STATE
 TALLAHASSEE FLORIDA

DOCUMENT # **G30797**
 1. Corporation Name: **SAMLUT Catering Consultants**

Principal Place of Business: **9483 N.W. 49 DORAL LANE MIAMI - FLA 33178**
 Mailing Address: **9483 N.W. 49 DORAL LANE MIAMI - FLA 33178**

2. Principal Place of Business: **21 Same**
 State, Apt. #, etc.
 22 City & State: **22**
 Zip: **25** Country: **28**

3. Date Incorporated or Qualified: **83** 3a. Date of Last Report: **97**
 4. FEI Number: **592278518** Applied For Not Applicable
 5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
 Trust Fund Contribution: **\$5.00 May Not 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

10. Name and Address of New Registered Agent

RAFAEL E. SAMLUT
9483 N.W. 49 DORAL LN.
MIAMI - FL. 33178

61 Name
 62 Street Address (P.O. Box Number is Not Acceptable)
 63
 64 City **FL 85** Zip Code

11. Pursuant to the provisions of Sections 607.0532 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 provisions of Section 607.035, Florida Statutes.

SIGNATURE: *Rafael E. Samlut* DATE: **5/25/97**

12. OFFICERS AND DIRECTORS

TITLE	<input type="checkbox"/> DELETE
NAME	President - SAMLUT
STREET ADDRESS	Rafael E. Samlut
CITY - ST - ZIP	9483 N.W. 49 Doral Ln
TITLE	<input type="checkbox"/> DELETE
NAME	MIAMI FL 33178
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	V. Pres. - R. ENERY SAMLUT
13 STREET ADDRESS	9483 N.W. 49 Doral Ln
14 CITY - ST - ZIP	MIAMI, FLA 33178
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	700002225287
23 STREET ADDRESS	-06/27/97--01105--015
24 CITY - ST - ZIP	****165.00 ****165.00
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 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 changed, or on an attachment with my address.

SIGNATURE: *Rafael E. Samlut* DATE: **5/25/97** **436-0200**
 SIGNATURE AND TYPE OR PRINT NAME OF SIGNING OFFICER OR DIRECTOR **B-880-6301**
 Date: Daytime Phone: *[Signature]*

CR2E034 (9/96)