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 # BAA

FILED Mar 10, 1999 8:00 am Secretary of State

03-10-1999 90086 037 ***150.00

Principal Place of Business **KEIJER A. VALIS 700 S.W. 36TH AVE. **MAMI FL 30135** **MAMI FL 30135** **JULE A. P. H. S. 100 S.W. 36TH AVE. **MAMI FL 30135** **JULE A. P. H. S. 100 S.W. 36TH AVE. **JULE A. P. S. 100 S.W. 36TH AVE. **JULE A. S. 1	1. Corporation	ADA RESTAURANT INC.					
TOD SW. 36TH AVE MAMI FL 33135 AVE AMBING Address AVE AV	Principal Place	e of Business	Mailing Address		,		
2. Principal Place of Business 2. Mailing Address 2. Mailing Address 2. Sule, Apt. & C. 2	700 S.W. 36TH AVE. 700 S.W. 38TH AVE.				DO NOT WRITE IN THIS SPACE		
2. Principal Place of Business 2a	MIMMI TL 33133	•	MIMMI TE SOTOS		3. Date Incorporated or Qualifed		
21 3663 S.W. Sth Street 26 3663 S.W. 36th Street 55-024211			_	_	08/23/1985		
Suite, Apt. #, etc. 22 Third Floor 27 Third Floor 27 Third Floor 27 Third Floor 27 Third Floor 28 MIA FL 28 MIA FL 29 MIA FL 20 Dounty 20 State 20 MIA FL 20 State 20 MIA FL 20 DOUNTY 20 State 20 MIA FL 2	2. Principal Pl	lace of Business	2a. Mailing Address	h Ctroot	,		
22 Third Floor 27 Third Floor 27 Third Floor 5. Certificate of Status Desired Fee Required	Z 1		26	Street	65-0224211		
City & State 23 MTA FL 23 MTA FL 23 MTA FL 23 MTA FL 25 USA 29 33135 20 USA 29 33135 20 USA 29 33135 30 USA 30 US			- mi + 1 Ti		5. Certifcate of Status Desired		
23 MTA FL 28 MTA FL 28 MTA FL Trust Fund Contribution Added to Fees			21		A FL (i Oi Fire-rine		<u>-</u>
Zip 33135 Zip USA 25		e	·			•	
24 33135		Country	Zip	Country			
VALLS, FELIPE A. 700 S.W. 36TH AVE. MIAMI FL 33135 81 Name	33135	TICA	<u> </u>	USA	· 1		ØNo _
700 S.W. 36TH AVE. MIAMI FL 33135 82 Street Address (P.O. Box Number is Not Acceptable) 3663 S.W. 8th Street Third Floor 83 3663 S.W. 8th Street Third Floor 84 MFMMI FL 85 Zip Code 33135 33135 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, in am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.			t Registered Agent			Agent	
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 SIGNATURE SIGNATURE OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DP OFFICERS AND DIRECTORS 11. TITLE DP Addition VALLS, FELIPE A., SR. STREET ADDRESS COTYSTZIP TITLE SAME VALLS, FELIPE A., JR. STREET ADDRESS CITY-ST-ZIP MIAMI FL DELETE 3.1 TITLE 3.2 STREET ADDRESS CITY-ST-ZIP MIAMI FL DELETE 3.3 STREET ADDRESS CITY-ST-ZIP Addition Change Addition Addition Addition Addition Addition Addition Addition Change Addition Addition Addition AMME STREET ADDRESS CITY-ST-ZIP MIAMI FL DELETE 3.1 TITLE 3.3 STREET ADDRESS CITY-ST-ZIP Addition AMME STREET ADDRESS CITY-ST-ZIP Addition AMME STREET ADDRESS CITY-ST-ZIP Addition	700	S.W. 36TH AVE.		82 Street Add 3663 S	S, FELIPE A. dress (P.O. Box Number is Not Acceptable) S.W. 8th Street Third Floo	r ·	
office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE SIGNATURE SIGNATURE OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE OP NAME VALLS, FELIPE A., SR. STREET ADDRESS COTY-ST-ZIP TITLE S COPAL GABLES FL TITLE VALLS, FELIPE A., JR. STREET ADDRESS COTY-ST-ZIP MIAMI FL DELETE 1.1 TITLE 1.2 NAME 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP VALLS, FELIPE A., JR. 2.2 NAME 2.2 NAME 2.3 STREET ADDRESS COTY-ST-ZIP MIAMI FL DELETE 3.1 TITLE 1.2 NAME 3.3 STREET ADDRESS COTY-ST-ZIP MIAMI FL DELETE 3.1 TITLE 3.3 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP MIAMI FL DELETE 3.1 TITLE 3.4 CITY-ST-ZIP Addition Change Addition Change Addition Change Addition							
TITLE DP DELETE 1.1 TITLE	agent. I a	m familiar with, and accept the obliga Signature, typed or printed name of registered ager	tions of, Section 607.0505, Floridations of title if applicable (NOTE. F	da Statutes. Registered Agent signature requi	red when reinstating) DATE		
NAME STREET ADDRESS CITY-ST-ZIP CORAL GABLES FL TITLE NAME STREET ADDRESS CITY-ST-ZIP VALLS, FELIPE A., JR. STREET ADDRESS CITY-ST-ZIP MIAMI FL DELETE 12 NAME 21 TITLE S VALLS, FELIPE A., JR. 22 NAME 23 STREET ADDRESS CITY-ST-ZIP MIAMI FL DELETE 3663 S.W. Sth Street Third Floor Miami, Fl 33135 Change Addition Addition Change Addition Addition STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP Addition Change Addition				_			_
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP VALLS, FELIPE A., JR. STREET ADDRESS CITY-ST-ZIP MIAMI FL DELETE 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP VALLS, FELIPE A., JR. 2.2 NAME 2.3 STREET ADDRESS CITY-ST-ZIP MIAMI FL DELETE 3.1 TITLE NAME 3.2 NAME 3.3 STREET ADDRESS CITY-ST-ZIP OCHange Addition Change Addition Change Addition		- '		1.2 NAME			
CITY-ST-ZIP TITLE NAME VALLS, FELIPE A., JR. STREET ADDRESS CITY-ST-ZIP MIAMI FL DELETE 14 CITY-ST-ZIP VALLS, FELIPE A., JR. 22 NAME 23 STREET ADDRESS CITY-ST-ZIP MIAMI FL DELETE 31 TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP Addition Change Addition				1.3 STREET ADDRESS	*. *	,	
TITLE S DELETE 2.1 TITLE S VALLS, FELIPE A., JR. STREET ADDRESS CITY-ST-ZIP MIAMI FL DELETE 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP Miami, F1 33135 CITY-ST-ZIP DELETE 3.3 STREET ADDRESS 3.3 STREET ADDRESS 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 3.4 CITY-ST-ZI				1.4 CITY-ST-ZIP		./	
NAME STREET ADDRESS CITY-ST-ZIP NAME NAME STREET ADDRESS CITY-ST-ZIP NAME NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CIT			☐ DELETE	2.1 TITLE	S	Change	☐ Addition
STREET ADDRESS CITY-ST-ZIP MIAMI FL 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP MIAMI FL 3.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP 3.3 STREET ADDRESS 3.3 STREET ADDRESS 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP Change Addition	NAME	I -		2.2 NAME			
DELETE 3.1 TITLE Change Addition	STREET ADDRESS			2.3 STREET ADDRESS		d Floor	
NAME 32 NAME	CITY-\$T-ZIP	MIAMI FL		2. 4 C/TY-ST-Z/P	Miami, Fl 33135		
STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4 CITY-ST-ZIP Change Classes	TITLE		☐ DELETÉ	3.1 TITLE		Change	☐ Addition
CITY-ST-ZIP 3.4. CITY-ST-ZIP	NAME			3.2 NAME	,		1
Change Addition	STREET ADDRESS			3.3 STREET ADDRESS			
TITLE DELETE 4.1 TITLE Change Addition	CITY-ST-ZIP				·		Addition
	TITLE		☐ DELETE			☐ Change	☐ MOURION
NAME 4.2 NAME	NAME			1			
STREET ADDRESS 4.3 STREET ADDRESS	STREET ADDRESS	:					
CITY-ST-ZIP 4.4 CITY-ST-ZIP TITE DELETE 5.1 TITLE Change Addition					the state of the s	[] Change	noitibh .
52 NAME			☐ DEFEIE	I		cuange	
6.2 CTREST ADDRESS						,	}
STREET ADDRESS 53 STREET ADDRESS 53 STREET ADDRESS 53 STREET ADDRESS 54 STREET ADDRESS 55 STREET ADDRE		•]
C10TV 67 7/D			□ DELETE	6.1 TITLE		☐ Change	Addition
CITY-ST-ZIP 5.4 CITY-ST-ZIP Change Claddition				6.2 NAME		_ •	_
CITY-ST-ZIP 5.4 CITY-ST-ZIP TITLE DELETE 6.1 TITLE Change Addition	HANG	1		_			T I
CITY-ST-ZIP 5.4 CITY-ST-ZIP TITLE DELETE 6.1 TITLE Change Addition	CTREET ADDRESS			6.3 STREET ADDRESS			}

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 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