

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
 AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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FILED

98 OCT 19 PM 1:41

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # *P9700065982*

1. Corporation Name
A MATTER OF TASTE CATERING UNLIMITED, INC.

Principal Place of Business Mailing Address
3816 S.W. 8 Street
Coral Gables, Florida 33134

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
<i>SAME</i>		<i>SAME</i>		<i>July 30, 1997</i>	
21. Suite, Apt. #, etc		26. Suite, Apt. #, etc.		4. FEI Number	
				<i>650771983</i>	
22. City & State		27. City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				<input type="checkbox"/> \$5.00 May Be Added to Fees	
23. Zip		28. Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
24. Country		29. Country			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
Orestes J. GARCIA 3816 S.W. 8 St. CORAL Gables, Florida 33134				81. Name			
				82. Street Address (P.O. Box Number is Not Acceptable)			
				83.			
				84. City			
				FL			

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	<i>Orestes J. GARCIA</i>	<input checked="" type="checkbox"/> DELETE		11. TITLE	<i>Hortencia T. BIANCO</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				12. NAME	<i>P. S. T. D.</i>		
STREET ADDRESS	<i>3816 SW 8St.</i>			13. STREET ADDRESS	<i>3816 SW 8 St.</i>		
CITY-ST-ZIP	<i>MIAMI, FL 33134</i>			14. CITY-ST-ZIP	<i>CORAL Gables, FL 33134</i>		
TITLE		<input type="checkbox"/> DELETE		21. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				22. NAME			
STREET ADDRESS				23. STREET ADDRESS			
CITY-ST-ZIP				24. CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		31. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				32. NAME			
STREET ADDRESS				33. STREET ADDRESS			
CITY-ST-ZIP				34. CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		4.1. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				4.2. NAME			
STREET ADDRESS				4.3. STREET ADDRESS			
CITY-ST-ZIP				4.4. CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				5.2. NAME			
STREET ADDRESS				5.3. STREET ADDRESS			
CITY-ST-ZIP				5.4. CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				6.2. NAME			
STREET ADDRESS				6.3. STREET ADDRESS			
CITY-ST-ZIP				6.4. CITY-ST-ZIP			

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.

SIGNATURE: *Orestes J. Garcia* *H. Blanco* 9-29-98 305-567-0710

CR2E034 (5/98)