

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Feb 18 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # L86221 (3)

1. Corporation Name
REEDS CATERING INCORPORATED

Principal Place of Business

5555 NW 95 AVE
834 FLANDER T
SUNRISE FL 33351
US

Mailing Address

5555 NW 95 AVE
834 FLANDER T
SUNRISE FL 33351-4320
US



3. Date Incorporated or Qualified
07/05/1990

3a. Date of Last Report
05/01/1996

4. FEI Number

65-0201869

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution



\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

21. SUNRISE MUSICAL THEATER

Suite, Apt. #, etc.

22. SSSS NW 95 AVE.

City & State

23. SUNRISE FL

Zip

24. 33351

Country

25. USA

2a. Mailing Address

26. REED BENARDO

Suite, Apt. #, etc.

27. 2941 SW 87 AVE #405

City & State

28. DAVIE FL

Zip

29. 33328

Country

30. USA

9. Name and Address of Current Registered Agent

BERNARDO, REED
834 FLANDER T
DELRAY BEACH FL 33848

10. Name and Address of New Registered Agent

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83.

84. City

FL

85. Zip Code

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, typed or printed name of registered agent, and title if applicable.

Reed Bernardo President

2-11-97
DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	BERNARDO, REED	
STREET ADDRESS	5555 NW 95 AVE	
CITY - ST - ZIP	SUNRISE FL	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	BERNADO, IVY	
STREET ADDRESS	2866 NW 55 AVE	
CITY - ST - ZIP	LAUDER HILL FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	BENARDO, CHARI	
STREET ADDRESS	2941 SW 87 AVE	
CITY - ST - ZIP	DAVIE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
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

1.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	RE BERNARDO, REED	
1.3 STREET ADDRESS	2941 SW 87 AVE	
1.4 CITY - ST - ZIP	DAVIE, FL 33328	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE	VKE PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	CHARI BERNARDO	
3.3 STREET ADDRESS	2941 SW 87 AVE	
3.4 CITY - ST - ZIP	DAVIE, FL 33328	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 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 an address.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-11-97

Date

(954) 741-7300

Daytime Phone #

CR2E034 (9/96)