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FILED

Feb 27 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # **L45433** (4)
1. Corporation Name
CATERING COORDINATION AND ADMINISTRATION, INC.



Principal Place of Business
10540 NW 26TH STREET
SUITE 203
MIAMI FL 33126
US

Mailing Address
10540 NW 26TH STREET
SUITE 203
MIAMI FL 33126
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
01/26/1990

4. FEI Number
65-0166292

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 **2307 S. DOUGLAS ROAD**

26 **2307 S. DOUGLAS ROAD**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **403**

27 **403**

City & State

City & State

23 **Miami, FL**

28 **Miami, FL**

Zip

Zip

Country

Country

24 **33145**

25 **USA**

29 **33145**

30 **USA**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DE FORD, ANA
10540 NW 26TH STREET
SUITE 203
MIAMI FL 33172

81 Name

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

2307 S. DOUGLAS ROAD

83 **SUITE 403**

84 City **Miami**

FL

85 Zip Code

33145

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 **ANA DE FORD**

2/19/98

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D**
NAME **LAMPE, FRED**
STREET ADDRESS **8301 BROADWAY, SUITE 201**
CITY-ST-ZIP **SAN ANTONIO TX 78209**

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
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: **FRED LAMPE** **2/23/98**

CR2E034 (10/97)