

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

FILED  
Mar 01, 1999 8:00 am  
Secretary of State

03-01-1999 90210 038 \*\*\*150.00

DOCUMENT # L45433

1. Corporation Name

CATERING COORDINATION AND ADMINISTRATION, INC.

Principal Place of Business

2307 S DOUGLAS RD  
SUITE 403  
MIAMI FL 33145  
US

Mailing Address

2307 S DOUGLAS RD  
SUITE 403  
MIAMI FL 33145  
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 the current year Intangible  
Personal Property Tax.

☐

Yes

☐

No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DE FORD, ANA  
2307 S DOUGLAS RD  
SUITE 403  
MIAMI FL 33145

81 Name

EVANGELINA M. PALMER

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

2307 S. DOUGLAS RD.

83

SUITE 403

84

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 EVANGELINA M. PALMER

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1/20/99

12. OFFICERS AND DIRECTORS

☐ DELETE

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

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change

☒ Addition

1.1 TITLE V  
1.2 NAME EVANGELINA M. PALMER  
1.3 STREET ADDRESS 2307 S. DOUGLAS RD #403  
1.4 CITY-ST-ZIP MIAMI FL 33145

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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: EVANGELINA M. PALMER  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/20/99

Date

305-448-7225

Daytime Phone #

CR2E034 (1/1/98)