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Secretary of State

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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 285585 1. Corporation Name CARDINAL RESTAURANT CORP Mailing Address Principal Place of Business 45 N.W. 22ND. AVE. 45 N.W. 22ND. AVE. MIAMI FL 33125 MIAMI FL: 33125 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 10/01/1964 Applied For 2a. Mailing Address 4, FEI Number 2. Principal Place of Business Not Applicable 59-1113245 26 21 \$8.75 Additional Suite, Apt. #, etc. Suite: Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 27 City & State \$5.00 May Be Election Campaign Financing City & State Added to Fees Trust Fund Contribution 28 23 Country Country Zip This corporation owes the current year Intangible Zip □ No Personal Property Tax. 30 25 29 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name RABELO, JORGE Street Address (P.O. Box Number is Not Acceptable) 82 20 N.W. 61ST.AVE. MIAMI FL 33126 83 84 City 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. (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. [] Change ☐ Addition □ DELETE 1.1 TITLE TITLE PD RABELO, JORGE 1.2 NAME NAME 20 N.W. 61ST. AVE. 1.3 STREET ADDRESS STREET ADDRESS MIAMI FL 1.4 CITY-ST-ZIP CITY-ST-ZIP Addition ___ Change □ DELETE 2.1 TITLE TITLE RABELO, MARTHA 2.2 NAME NAME 20 N.W. 61ST. AVE. 2.3 STREET ADDRESS STREET ADDRESS MIAMI FL CITY-ST-ZIP 2.4 CITY-ST-ZIP Addition [-] Change ☐ DELETE 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ DELETE 41 TIT) F TITLE

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.

4. 2 NAME

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

☐ DELETE

DELETE

4.3 STREET ADDRESS 4.4 CITY-ST-ZIP

5.3 STREET ADDRESS

6.3 STREET ADDRESS

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NAME STREET ADDRESS

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CITY-ST-ZIP

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STREET ADDRESS

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CITY-ST-ZIP

Change

□ Change

☐ Addition

☐ Addition

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