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

PROFIT CORPORATION **ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

FILED Apr 14 1998 8:00am Secretary of State

1 .	MENT # 682879 R BUFFET INC.	9 (2)			
30.21	. 22., 2				
Principal Plac	ce of Business	Mailing Address		4 EUDRAUD DAFFAR FOLIAD LIDOUR BOLLA LOURG (DAL 810) 0	
2267 N.W. 20		2267 N.W. 28 ST.			
C/O RAUL DELGADO		C/O RAUL DELGADO		DO NOT WORTH IN THE	10.004.05
MIAMI FL 33	142	MIAMI FL 33142		DO NOT WRITE IN TH	IS SPACE
				09/23/1980	
2. Principal F	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		59-2036299	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			\$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & Stat	te	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24	Country 25	Zip 29	Country 30	This corporation owes or has paid the operational Property Tax due June 30.	
	9. Name and Address of Curren		1I	10. Name and Address of New Registers	
QL	JINCOCES, SERGIO		81 Name		
	72 N.W. 72ND AVENUE		82 Street Add	dress (P.O. Box Number is Not Acceptable)	·
ME	EDLEY FL 33166		83	South (. c. Dox Hambor is Hot Acceptable)	
			B4 City		■ 85 Zip Code
			1 1 1 1	rporation submits this statement for the purpose ation's board of directors. I hereby accept the a	
SIGNATURE	Signature, typed or printed name of trip detro agen OFFICERS ANI	Long the if applicable (NC	TE Registered Agent signature requ		
TITLE	PD	DELETE	1.1 TITLE	ADDITIONS/CHANGES TO OFFICERS A	Change Addition
NAME	QUINCOCES, SERGIO		1.2 NAME		
STREET ADDRESS	2267 N.W. 28 ST.		1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		1.4 CITY - ST - ZIP		
TITLE	STD	XX OCLETE	2.1 TITLE		Change Addition
NAME	QUINCOCES, CARLOS M.		2.2 NAME		
STREET ADDRESS	2267 N.W. 28 ST.		2.3 STREET ADDRESS		
CITY-ST-ZiP	MIAMI FL		2.4 CITY-ST-7IP		
TITLE		☐ DELETE	3.1 TITLE		Change Addition
NAME CIRCLE ADDRESS			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	3.4. CITY - ST - ZIP 4.1 TITLE		Change Addition
NAME		<u> </u>	4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP	_		4.4 City - S1 - ZIP		
TITLE		DELETE	5.1 TOLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY- \$1 - ZIP		
TITLE		☐ DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			64 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 suppliemental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; 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.

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