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Mar 19 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 # F96000002804 (0)

1. Corporation Name  
RESTAURANT DEPOT ENTERPRISES, INC.

Principal Place of Business

575 8TH AVENUE  
NEW YORK NY 10018

Mailing Address

575 8TH AVENUE  
NEW YORK NY 10018-3011



3. Date Incorporated or Qualified

06/05/1996

3a. Date of Last Report

2. Principal Place of Business

21 15-24 132<sup>nd</sup> St.  
Suite, Apt. #, etc.

22 City & State

23 College Point NY.

24 11356

25 USA

2a. Mailing Address

26 15-24 132<sup>nd</sup> Street  
Suite, Apt. #, etc.

27 City & State

28 College Point NY.

29 11356

30 USA

4. FEI Number

13-3886671

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

9. Name and Address of Current Registered Agent

MARTINEZ, PEDRO  
1470 COPANS ROAD  
POMPANO BEACH FL 33064

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

(NOTE: Registered Agent signature required when reinstating)

(DATE)

12. OFFICERS AND DIRECTORS

TITLE PD  
NAME FLEISHMAN, STANLEY  
STREET ADDRESS 575 8TH AVENUE  
CITY-ST-ZIP NEW YORK NY ☐ DELETE

TITLE STD  
NAME KIRSCHNER, RICHARD G  
STREET ADDRESS 575 8TH AVENUE  
CITY-ST-ZIP NEW YORK NY ☐ DELETE

TITLE VASD  
NAME LEBOWITZ, MORRIS  
STREET ADDRESS 575 8TH AVENUE  
CITY-ST-ZIP NEW YORK NY ☐ DELETE

TITLE VD  
NAME RUBANENKO, SAMUEL B  
STREET ADDRESS 575 8TH AVENUE  
CITY-ST-ZIP NEW YORK NY ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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:

CR2E034 (9/96)