

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 21 AM 9:21

DOCUMENT # G30798

(4)

1. Corporation Name

SAMLUT CATERING CONSULTANTS, INC.

Principal Place of Business

2000 SW 125TH CT.
MIAMI FL 33175

Mailing Address

2000 SW 125TH CT.
MIAMI FL 33175

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified
03/28/1983

3a. Date of Last Report
05/10/1994

2. Principal Place of Business

2a. Mailing Address

4. FEI Number
59-2278518

Applied For
Not Applicable

21. Suite, Apt. #, etc.

26. Suite, Apt. #, etc.

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

22. City & State

27. City & State

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

23. Zip

25. Country

28. Zip

30. Country

8. This corporation has liability for intangible tax under S. 199.033
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MOPPERT, JOHN C.
1509 NW 47TH AVE
LAUDERHILL FL 33313

81. Name
RAFAEL SAMLUT

82. Street Address (P.O. Box Number is Not Acceptable)
2000 SW 125th Ct.

83.

84. City

Miami

FL

85. Zip Code
33175

11. Pursuant to the provisions of Section 190.07(3)(b) and 609.02, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent. I, the undersigned, being a duly authorized officer or director of the corporation, hereby accept the appointment as registered agent. I am familiar with, and agree to, the provisions of Section 609.02, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
DP	SAMLUT, RAFAEL E	2000 SW 125TH CT	MIAMI, FL 00000
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP

1. TITLE	2. NAME	3. STREET ADDRESS	4. CITY - ST - ZIP
1. TITLE	2. NAME	3. STREET ADDRESS	4. CITY - ST - ZIP
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY - ST - ZIP
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY - ST - ZIP
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY - ST - ZIP
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY - ST - ZIP
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY - ST - ZIP

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 190.07(3)(b), 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 on it 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature (Print Name)