SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT 97 JUL 23 PM 1:03 Secretary of State 1997 DIVISION OF CORPORATIONS SECHETARY OF STATE TALLAMASSEE, FLORIDA **DOCUMENT #** K45018 (4) TRATTORIA PAMPERED CHEF CORPORATION Principal Place of Business Mailing Address 3145 COMMODORE PLACE 3145 COMMODORE PLACE COCONUT GROVE FL 33133 COCONUT GROVE FL 33133 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 3a. Date of Last Report 11/10/1988 05/01/1996 2a. Mailing Address 2. Principal Place of Business 4. FEI Number Applied For 21 65-0102490 26 Not Applicable Sulte, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible Yes Yes 24 25 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent VALVERDE, MATILDE 81 フンタベ 2333 BAICKELL AVENUE, NORTH, #1902 82 Street Address (P.O. Box Number is Not Acceptable) MIAMI EL-35129 83 84 City Zip Code 33/29 85 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) inted name of registered agent and title if applicable 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE ___ Addition ☐ Change TITLE 1.1 TITLE VALVERDE, JUAN 800002251588---07/29/97--01127--007 ****165.00 ****165.0 NAME 1.2 NAME 2333 BRICKELL AVENUE #1902 STREET ADDRESS 1.3 STREET ADDRESS **MIAMI FL 33129** ****165.00 CITY-ST-ZIP 14 CITY-ST-ZIP DELETE Change Addition **TUTLE** 21 TITLE VALVERDE, MATILDE NAME 22 NAME 2333 BRICKELL AVENUE #1902 STREET ADDRESS 2.3 STREET ADDRESS MIAMI FL 33129 BITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4 CITY-ST-ZIP TITLE DELETE 4.1 TITLE Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-\$T-ZIP 4.4 CITY-ST-ZIP DELETE Addition Change TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 City-St-ZiP DELETE Addition TITLE 6.1 TITLE NAME 6.2 NAME **6.3 STREET ADDRESS** STREET ADDRESS CITY-ST-ZIP 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 apport 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.

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TRATTORIA PAMPERED CHEE



Trattoria Pampered Chef Corporation

JULY-16. 1997

REF. ANNUAL'S REPORTS

FLORIDA DUPARTHENT OF STATE Division of Corporation

Per My telephone convertation with MS TRACY S. ENCLOSE PLONSE FIND two CHERS FOR \$165. =
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AND the second ONE POSSIONAL DESCRIPTION OF AMERICA.

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5 1997. FIN MAISON SANTE LINA-PERÚ.
I APPRICIATE JE YOU WIL WAIVE THE PENALTY:
AND ACCEPT THE PAYMENT'S ON MY TWO
COMPANIES TO ALIVIATE MY FINANCIAL

DIFFICULTIES.

SINCERELY

TRATTORIA PAMpored Chef Corp

AD .- Somey FOR the paper.