

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

FILED
May 07 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	--

DOCUMENT # L72144 (3)

1. Corporation Name
ARA COMMERCIAL KITCHENS DOCTORS, INC.



Principal Place of Business 1532 SW 28TH AVE FT. LAUDERDALE FL 33312-4773 US	Mailing Address 1532 SW 28TH AVE FT. LAUDERDALE FL 33312-4773 US
---	---

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 2777 SW 16TH STREET Suite, Apt. #, etc.		2a. Mailing Address 26 2777 SW 16TH STREET Suite, Apt. #, etc.		3. Date Incorporated or Qualified 05/09/1990	
22 City & State FT LAUDERDALE, FL		27 City & State FT LAUDERDALE, FL		4. FEI Number 65-0190391	
23 Zip 33312		28 Zip 33312		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24 Country USA		29 Country USA		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

CHACON, MARCELINA
1532 SW 28 AVE
FT LAUDERDALE FL 33312

10. Name and Address of New Registered Agent

81 Name	MARCELINA CHACON
82 Street Address (P.O. Box Number is Not Acceptable)	2777 SW 16TH STREET
83	
84 City	FT LAUDERDALE
85 Zip Code	33312

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 *Marcelina Chacon*

4-29-98

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

(NOTE: Registered Agent Signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	DP
NAME	CHACON, MARCELINA	1.2 NAME	MARCELINA CHACON
STREET ADDRESS	1532 SW 28TH AVE	1.3 STREET ADDRESS	2777 SW 16TH STREET
CITY-ST-ZIP	FT. LAUDERDALE FL	1.4 CITY-ST-ZIP	FT LAUDERDALE FL 33312
TITLE		2.1 TITLE	
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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 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: *Marcelina Chacon* MARCELINA CHACON, PRES 4/29/98 954-472-0911

CR2E034 (10/97)