

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 10, 1999 8:00 am
Secretary of State

03-10-1999 90086 013 ***150.00

DOCUMENT # M15362

1. Corporation Name

BAHIA RESTAURANT INC.

Principal Place of Business

700 SW 36TH AVE.
MIAMI FL 33135

Mailing Address

700 SW 36TH AVE.
MIAMI FL 33135

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/13/1985

4. FEI Number

59-2739646

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 3663 S.W. 8th Street

2a. Mailing Address

26 3663 S.W. 8th Street

22 Suite, Apt. #, etc.
Third Floor

27 Suite, Apt. #, etc.
Third Floor

23 City & State
Miami, FL

28 City & State
Miami, FL

24 Zip Country
33135 USA

29 Zip Country
33135 USA

9. Name and Address of Current Registered Agent

VALLS, FELIPE A.
700 SW 36TH AVE.
MIAMI FL 33135

10. Name and Address of New Registered Agent

81 Name VALLS, FELIPE A.

82 Street Address (P.O. Box Number is Not Acceptable)
3663 S.W. 8th Street, Third Floor

83

84 City
MIAMI

85 Zip Code
FL 33135

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 DS ☐ DELETE

NAME VALLS, FELIPE A., SR.
STREET ADDRESS 700 SW 36TH AVE.
CITY-ST-ZIP MIAMI FL

TITLE DP ☐ DELETE

NAME VALLS, FELIPE A., JR.
STREET ADDRESS 700 S.W. 36 AVE.
CITY-ST-ZIP MIAMI FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE DS ☒ Change ☐ Addition

12 NAME VALLS, FELIPE A., SR.
13 STREET ADDRESS 3663 S.W. 8th Street 3rd Floor
14 CITY-ST-ZIP Miami, FL 33135

21 TITLE DP ☒ Change ☐ Addition

22 NAME VALLS, FELIPE A., JR.
23 STREET ADDRESS 3663 S.W. 8th Street, 3rd. Floor
24 CITY-ST-ZIP Miami, FL 33135

31 TITLE ☐ Change ☐ Addition

32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition

42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition

52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME
63 STREET ADDRESS
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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRES: FELIPE A. VALLS, JR

Date

(305) 446-4916

Daytime Phone #

0201615

CR2E034 (11/98)