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 Apr 23, 1999 8:00 am Secretary of State 04-23-1999 90119 001 ***150.00

· · · Ourporado	MENT # P930000 SAL RESTAURANT REPAIRS,							
Principal Plac	ce of Business	Mailing Address			-\-\-\-\-\-\-\-\-\-\-\-\-\-\-\-\-\-\-\	er da en da ny (14 0 4 10101 0111	
7509 MUTINY AVENUE 7509 MUTINY AVENUE NORTH BAY VILLAGE FL 33141 NORTH BAY VILLAGE FL 33141					DO NOT HIGHE IN THIS 2010F			
		وه الم متحملية الله والدار م	·		3. Date Incorporated or Qualifed	FINTHIS	SPACE.	
					07/06/1993			
2. Principal F	Place of Business	2a. Mailing Address			4. FEI Number		T A	oplied For
21	26				65-0443052		No	ot Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.					5. Certifcate of Status Desired			Additional
22 27								equired
City & Stat	City & State City & State 28				6. Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees	
Zip 24	Zip Country Zip Country Zip Solution 30			try 8. This corporation owes the current year Intangible Personal Property Tax.				
	9. Name and Address of Current	Registered Agent			10. Name and Address of New R	egistered .	Agent	
CHI	RINO, SANTOS M		81	Name				
7509 MUTINY AVENUE			82	Street Addre	ess (P.O. Box Number is Not Accepta	ble)		
	RTH BAY VILLAGE FL 33141		83.	<u> </u>				
	• • •		84	City		FL	85 Zip	Code
agent. I a SIGNATURE	to the provisions of Sections 607.0502 registered agent, or both, in the State of am familiar with, and accept the obligation of signature, typed or printed name of registered agent. OFFICERS AND	and title if applicable. (NOTE: I		t signature required		DATE		
TILE	PSD	DELETE	1.1 TILE				Change	☐ Addition
NAME	CHIRINO, SANTOS M		1.2 NAME					
STREET ADDRESS	THE RESIDENCE AS A SECOND OF THE RESIDENCE AS		1.3 STREET ADDRESS					
CITY-ST-ZIP	NORTH BAY VILLAGE FL 33141		1.4 CITY-ST-ZIP					
TILE	TDD	DELETE 2.11		}			Change	☐ Addition
NAME	CHIRINO, EDUARDO A		2.2 NAME					
STREET ADDRESS	,		2.3 STREET	ì				
CITY-ST-ZIP	NORTH BAY VILLAGE FL 33141	NOUZ DELETE	2.4 CITY-S' 3.1 TITLE	T-ZIP			Change	Addition
TITLE NAME	TD JANY D. HERNAND 42 DELETE 13858 SW 225T		3.2 NAME					
STREET ADDRESS	\	A	3.3 STREET	ADDRESS				
CITY-ST-ZIP	MIAMI # 3317	7.5	3.4. CITY-S	- 1				
TITLE		☐ DELETE	4.1 TITLE				Change	Addition
			4. 2 NAME			_		
ADDRESS	iss		4.3 STREET ADDRESS					
ST-ZIP			4.4 CITY-ST	-ZIP				
-		☐ DELETE	5.1 T/TLE				Change	☐ Addition
-			5.2 NAME	ADDRESS				
I ADDRESS	,		5.3 STREET	}				
ST-ZIP			5.4 C/TY-ST	- 417			☐ Change	Addition
		DELETE 6.0		-			C change	
· · · · · · · · · · · · · · · · · · ·		•	6.3 STREET	ADDRESS				
ST-ZIP			6.4 CITY-ST	1				
	1	this films does not qualify for			ection 119.07(3)(i), Florida Statutes. I	further cort	if that the i	nformation

indicated on this armost report or supplemental armost report is the confined or director of the conjugation or the receiver or trustee expowered 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.

TEO HAME OF SIGNING OFFICER OR DIRECTOR