

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

DOCUMENT # P93000049780

1. Corporation Name
JOHNNY DEVIL, INC.

Principal Place of Business

3750 N.W. 81ST STREET
MIAMI FL 33147
US

Mailing Address

3750 N.W. 81ST STREET
MIAMI FL 33147
US

99 JUN -9 PM 1:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/15/1993

4. FEI Number

65-0429742

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

10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent

FRATI, MARIO
251 CRANDON BLVD.
BLDG 2, APT #129
KEY BISCAYNE FL 33149

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

3580 S. MOORINGS WAY

83.

84. City

COCONUT GROVE

FL

85. Zip Code

33133

14. 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 P ☐ DELETE

NAME FRATI, MARIO
STREET ADDRESS 251 CRANDON BLVD., BLDG 2 APT #129
CITY-ST-ZIP KEY BISCAYNE FL 33149

TITLE VP ☐ DELETE

NAME GABOR, STACY
STREET ADDRESS 251 CRANDON BLVD., BLDG 2 APT #129
CITY-ST-ZIP KEY BISCAYNE FL 33149

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 ☒ Change ☐ Addition

12 NAME
13 STREET ADDRESS 3580 S. MOORINGS WAY
14 CITY-ST-ZIP COCONUT GROVE FL 33133

21 TITLE ☒ Change ☐ Addition

22 NAME FRATI, STACY
23 STREET ADDRESS 3580 S. MOORINGS WAY
24 CITY-ST-ZIP COCONUT GROVE FL 33133

31 TITLE ☐ Change ☐ Addition

32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition

42 NAME
43 STREET ADDRESS 100002904961--S
44 CITY-ST-ZIP -06/15/99 -01050--003
****150.00 ****150.00

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

LS

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

MARIO FRATI

4/26/99

(305)696-1940

Daytime Phone #

0220902

CR2E034 (11/98)