## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550,00

PROFIT **CORPORATION ANNUAL REPORT** 

1998

原の記録的



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham, ^

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P93000082222 (9)

B'S LAS OLAS BISTRO, INC.

## **FILED** Apr 06 1998 8:00am Secretary of State



Principal Place of Business Mailing Address					98416 41016 11040 14846 4161 1903		
609 E. LAS OLAS BLVD. FT. LAUDERDALE FL 33301			609 E. LAS OLAS BLVD. FT. LAUDERDALE FL 33301		DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualified 11/22/1993		
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number	Applied For	
21 26		<u> </u>			65-0451955	Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	h		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State		City & State		Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees		
Zip	Country Zip		Cour	ntry	8. This corporation owes or has paid the	current year Intangible	
24	25 29 30		30		Personal Property Tax due June 30. X Yes No		
9, Name and Address of Current Registered Agent 91 FO ANTONIO 81 Name					10. Name and Address of New Registers	ed Agent	
	EO, ANTONIO		L		DAVID YARBOROUGH		
609 E. LAS OLAS BLVD. FT. LAUDERDALE FL 33301				82 Street Address (P.O. Box Number is Not Acceptable)			
_	ENOUGHDALE I E OOOT		ľ	83	609 E.LAS OLAS BLVD.		
				84 City		85 Zip Code	
	•			i iii	ORT LAUDERDALE F	' <b>L</b>   33301	
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 MINISTER OF TRESLET 2" 20-98							
Stockare, tyribar or printed name N registering rights and title if applicable (NOTE Ri				Agent signature requ	ired when reinslating: DATE ADDITIONS/CHANGES TO OFFICERS A		
12.	PD	DELETE	13.		ADDITIONS/CHANGES TO OFFICERS A	Change Addition	
NAME	DILEO, ANTONIO	74	1,2 NA	i			
STREET ADDRESS	609 E. LAS OLAS BLVD.		1,3 \$11	REET ADDRESS			
CITY-ST-ZIP	FT. LAUDERDALE FL 33301		1.4 CIT	Y-ST-ZIP			
TITLE	STD	DELETE	2.1 TIT	LE		Change Addition	
NAME	DILEO, MARIO		2.2 NA	ME			
STREET ADDRESS	609 E. LAS OLAS BLVD. FT. LAUDERDALE FL 33301			REET ADDRESS			
CITY-ST-ZIP TITLE	D D	DELETE	2.4 CI	TY-ST-ZIP	PD PRESIDENT	Change Addition	
NAME	YARBOROUGH, DAVID				1 1	, ,	
STREET ADDRESS	14200 N.W. 4TH STREET			HEET ADDRESS	DAVID YARBOROUGH 609 E.LAS OLAS B		
CITY-ST-ZIP	SUNRISE FL 33325			IY-ST-ZIP	FORT LAUDERDALE	EL 33301	
TITLE	D	X) DELETE	4.1 T(T	LE		Change Addition	
NAME	DICKIE, WILLIAM		4. 2 NA	ME			
STREET ADDRESS	609 E. LAS OLAS BLVD.		4.3 STI	REET ADDRESS			
CITY-ST-ZIP	FT. LAUDERDALE FL 33301	Dorette		Y-ST-ZIP		Chance Addition	
TITLE		DELETE	5.1 TH			Change   Addition	
NAME STREET ADDRESS			5.2 NA 5.3 STI	reet address			
CITY-ST-ZIP				Y-ST-ZIP		Į.	
TITLE		DELETE	6.1 TIT	<del></del>		Change Addition	
NAME			6.2 NA	ME			
STREET ADDRESS			6.3 STI	REET ADDRESS		j	
CITY-ST-ZIP				Y-ST-ZIP			
14. I hereby c	ertify that the information supplied v	vith this filing does not qualify for	or the exe	mption stated in	n 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 ar 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: \_