## 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 # P9400005657

## Mar 11, 1999 8:00 am Secretary of State

03-11-1999 90032 040 \*\*\*150.00

RESTAURA	ANT COLLECTION, INC.									
Principal Place of	of Business	Mailing Address					( <b>8</b> 1 <b>8</b> 1 11 11 11 11 11 11 11 11 11 11 11 11			
12229 S.W. 129 COURT 12229 S.W. 129 COURT MIAMI FL 33186 MIAMI FL 33186								RITE IN THIS	SPACE_	
						3. Date Incorpor	ated or Qualifed	1		
						01/14/199	4			
2. Principal Plac	ce of Business	2a. Mailing Address				4. FEI Number			A	pplied For
21		26				65-047436	8			ot Applicable
Suite, Apt. #,	etc.	Suite, Apt. #, etc.				5. Certifcate of	Status Desired	П		Additional
22		27				5. Certificate of				equired
City & State		City & State				6, Election Cam	paign Financing	<b>,</b> 🗆		May Be
23		28	28			Trust Fund C				to Fees
Zip	Country	Zip	Count	try		8, This corporat		rrent year Into		
24	25	29	30			Personal Pro			∐Yes	□No
	9. Name and Address of Curre	nt Registered Agent				10. Name and A	ddress of New	Registered .	Agent	
			8	B1   1	Name					
	ININO, RICHARD A ESQ. S.W. 6 STREET		8	82 3	Street Addre	ess (P.O. Box Numb	er is Not Accep	otable)		
	FL 33135		8	83						
			8	84 (	City			FL	85 Zip	Code
office or rec	the provisions of Sections 607.05 gistered agent, or both, in the State familiar with, and accept the oblig	e of Florida. Such change was	authorized	DV ING	named corpo e corporation	oration submits this n's board of directo	statement for tr rs. I hereby acc	ept the appoi	ntment as	egistered
office or reg agent. I am SIGNATURE	gistered agent, or both, in the State familiar with, and accept the oblig	ent and title if applicable (NO	authorized to	tes.	e corporation	when reinstating)		DATE		
office or reg agent. I am SIGNATURE SI	jistered agent, or both, in the State familiar with, and accept the oblig signature, typed or printed name of registered agency of FICERS A	ent and title if applicable (NO:  ND DIRECTORS	orida Statut	tes.	e corporation	when reinstating)	statement for tr rs. I hereby acc	DATE	ID DIRECT	ORS IN 12
office or reg agent. I am SIGNATURE SI	pistered agent, or both, in the State familiar with, and accept the oblig  Ignature, typed or printed name of registered age  OFFICERS A	ent and title if applicable (NO	authorized to lorida Statuti  E: Registered A  1.1 TITLI	tes. Agentsi	e corporation	when reinstating)		DATE		ORS IN 12
office or reg agent. I am  SIGNATURE  SI  12.  TITLE  NAME	pistered agent, or both, in the State familiar with, and accept the oblig lignature, typed or printed name of registered agent of FERNANDEZ, ALFONSO	ent and title if applicable (NO:  ND DIRECTORS	TE: Registered A	by the tes. Agent si	ignature required	when reinstating)		DATE	ID DIRECT	ORS IN 12
office or reg agent. I am  SIGNATURE  12.  TITLE  NAME  STREET ADDRESS	istered agent, or both, in the State familiar with, and accept the oblig Ignature. Typed or printed name of registered agent of PSTD FERNANDEZ, ALFONSO 10150 S.W. 118 TERRACE	ent and title if applicable (NO:  ND DIRECTORS	E: Registered A  13.  1.1 TITLI  1.2 NAM	Agentsi	ignature required	when reinstating)		DATE	ID DIRECT	ORS IN 12
office or reg agent. I am SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	pistered agent, or both, in the State familiar with, and accept the oblig lignature, typed or printed name of registered agent of FERNANDEZ, ALFONSO	e of Florida. Such change was attions of, Section 607.0505, Florida and title if applicable (NO ND DIRECTORS	### TITLE  1.3 STRI  1.4 CITY	Agent si	ignature required	when reinstating)		DATE	ID DIRECT	ORS IN 12
office or reg agent. I am  SIGNATURE  12.  TITLE  NAME  STREET ADDRESS	istered agent, or both, in the State familiar with, and accept the oblig Ignature. Typed or printed name of registered agent of PSTD FERNANDEZ, ALFONSO 10150 S.W. 118 TERRACE	ent and title if applicable (NO:  ND DIRECTORS	E: Registered A:  13.  1.1 TITLI  1.2 NAM  1.3 STRI  1.4 CITY  2.1 TITLI	Agentsi LE ME REETAL Y-ST-Z	ignature required	when reinstating)		DATE	ID DIRECT	ORS IN 12
office or reg agent. I am SIGNATURE 51  12. TITLE	istered agent, or both, in the State familiar with, and accept the oblig Ignature. Typed or printed name of registered agent of PSTD FERNANDEZ, ALFONSO 10150 S.W. 118 TERRACE	e of Florida. Such change was attions of, Section 607.0505, Florida and title if applicable (NO ND DIRECTORS	### AUTO   PROPERTY   PROPERTY   ### AUTO	Agents	ignature required  DDRESS	when reinstating)		DATE	ID DIRECT	ORS IN 12
office or reg agent. I am SIGNATURE  12.  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	istered agent, or both, in the State familiar with, and accept the oblig Ignature. Typed or printed name of registered agent of PSTD FERNANDEZ, ALFONSO 10150 S.W. 118 TERRACE	e of Florida. Such change was attions of, Section 607.0505, Florida and title if applicable (NO ND DIRECTORS	### TET NAME	Agent signed and signe	gnature required  DDRESS  DDRESS	when reinstating)		DATE	ID DIRECT	ORS IN 12
office or reg agent. I am SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP	istered agent, or both, in the State familiar with, and accept the oblig Ignature. Typed or printed name of registered agent of PSTD FERNANDEZ, ALFONSO 10150 S.W. 118 TERRACE	ent Florida. Such change was attions of, Section 607.0505, Fleent and title if applicable (NO ND DIRECTORS DELETE.	### AUTO   PER   PER   ### AUTO   ### AUTO   PER   ### AU	Agent signed sig	gnature required  DDRESS  DDRESS	when reinstating)		DATE	ID DIRECT	ORS IN 12  Addition
office or regagent. I am SIGNATURE  12.  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	istered agent, or both, in the State familiar with, and accept the oblig Ignature. Typed or printed name of registered agent of PSTD FERNANDEZ, ALFONSO 10150 S.W. 118 TERRACE	e of Florida. Such change was attions of, Section 607.0505, Florida and title if applicable (NO ND DIRECTORS	### ACITY    ACITY   Control	Agent signal  E REET AL  Y-ST-Z  E REET AL  Y-ST-Z  E REET AL  Y-ST-Z	gnature required  DDRESS  DDRESS	when reinstating)		DATE	D DIRECT Change	ORS IN 12  Addition
office or regagent. I am SIGNATURE  12.  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME	istered agent, or both, in the State familiar with, and accept the oblig Ignature. Typed or printed name of registered agent of PSTD FERNANDEZ, ALFONSO 10150 S.W. 118 TERRACE	ent Florida. Such change was attions of, Section 607.0505, Fleent and title if applicable (NO ND DIRECTORS DELETE.	### 13.  1.1 TITLI  1.2 NAM  1.3 STRI  2.1 TITLI  2.2 NAM  2.3 STRI  2.4 CIT  3.1 TITLI  3.2 NAM	E E E E E E E E E E E E E E E E E E E	gnature required  DDRESS  ZIP	when reinstating)		DATE	D DIRECT Change	ORS IN 12  Addition
office or regagent. I am  SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS	istered agent, or both, in the State familiar with, and accept the oblig Ignature. Typed or printed name of registered agent of PSTD FERNANDEZ, ALFONSO 10150 S.W. 118 TERRACE	ent Florida. Such change was attions of, Section 607.0505, Fleent and title if applicable (NO ND DIRECTORS DELETE.	### 13. ### 1.3 STR	E.E. ALE REETAL	DDRESS DDRESS	when reinstating)		DATE	D DIRECT Change	ORS IN 12  Addition
office or regagent. I am SIGNATURE  12.  TITLE NAME STREET ADDRESS CITY-ST-ZIP	istered agent, or both, in the State familiar with, and accept the oblig Ignature. Typed or printed name of registered agent of PSTD FERNANDEZ, ALFONSO 10150 S.W. 118 TERRACE	en of Horida. Such change was attions of, Section 607.0505, Feet and title if applicable (NO ND DIRECTORS   DELETE   DELETE	### 13.  1.1 TITLI  1.2 NAM  1.3 STRI  2.1 TITLI  2.2 NAM  2.3 STRI  2.4 CIT  3.1 TITLI  3.2 NAM  3.3 STRI  3.4 CIT	LE ALEET ALE	DDRESS DDRESS	when reinstating)		DATE	D DIRECT Change	ORS IN 12  Addition  Addition
office or regagent. I am SIGNATURE  12.  TITLE NAME STREET ADDRESS CITY-ST-ZIP	istered agent, or both, in the State familiar with, and accept the oblig Ignature. Typed or printed name of registered agent of PSTD FERNANDEZ, ALFONSO 10150 S.W. 118 TERRACE	ent Florida. Such change was attions of, Section 607.0505, Fleent and title if applicable (NO ND DIRECTORS DELETE.	### 13. ### 13. ### 13. ### 14. ### 13. ### 14. ### 14. ### 13. ### 14. #### 14. ### 14. ### 14. ### 14. ### 14. ### 14. ### 14. ### 14. ### 14. ### 14. ### 14. ### 1	E ALE REET A	DDRESS DDRESS	when reinstating)		DATE	D DIRECT Change	ORS IN 12  Addition  Addition
office or reg agent. I am SIGNATURE  12.  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	istered agent, or both, in the State familiar with, and accept the oblig Ignature. Typed or printed name of registered agent of PSTD FERNANDEZ, ALFONSO 10150 S.W. 118 TERRACE	en of Horida. Such change was attions of, Section 607.0505, Feet and title if applicable (NO ND DIRECTORS   DELETE   DELETE	### 13.  1.1 TITL  1.2 NAM  1.3 STR  2.1 TITL  2.2 NAM  2.3 STR  2.4 CIT  3.1 TITL  3.2 NAM  3.3 STR  4.1 TITL  4.2 NAM  4.3 TITL  4.2 NAM	E ALE REET A	DDRESS DDRESS ZIP DDRESS ZIP	when reinstating)		DATE	D DIRECT Change	ORS IN 12  Addition  Addition
office or regagent. I am  SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS	istered agent, or both, in the State familiar with, and accept the oblig Ignature. Typed or printed name of registered agent of PSTD FERNANDEZ, ALFONSO 10150 S.W. 118 TERRACE	en of Horida. Such change was attions of, Section 607.0505, Feet and title if applicable (NO ND DIRECTORS   DELETE   DELETE	### AUTO   PROPERTY   ### AUTO   ### AUTO   PROPERTY   ### AUTO   PROPERTY   ### AUTO   PROPERTY   ### AUTO	E E E E E E E E E E E E E E E E E E E	DDRESS DDRESS ZIP DDRESS ZIP DDRESS	when reinstating)		DATE	D DIRECT Change	ORS IN 12  Addition  Addition
office or regagent. I am  SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	istered agent, or both, in the State familiar with, and accept the oblig Ignature. Typed or printed name of registered agent of PSTD FERNANDEZ, ALFONSO 10150 S.W. 118 TERRACE	en of Horida. Such change was attions of, Section 607.0505, Feet and title if applicable (NO ND DIRECTORS   DELETE   DELETE	### 13.  1.1 TITL  1.2 NAM  1.3 STR  2.1 TITL  2.2 NAM  2.3 STR  2.4 CIT  3.1 TITL  3.2 NAM  3.3 STR  4.1 TITL  4.2 NAM  4.3 TITL  4.2 NAM	DOY INFORMATION OF THE PROPERTY OF THE PROPERT	DDRESS DDRESS ZIP DDRESS ZIP DDRESS	when reinstating)		DATE	D DIRECT Change	ORS IN 12 Addition Addition
office or regagent. I am SIGNATURE  12.  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	istered agent, or both, in the State familiar with, and accept the oblig Ignature. Typed or printed name of registered agent of PSTD FERNANDEZ, ALFONSO 10150 S.W. 118 TERRACE	a of Florida. Such change was attions of, Section 607.0505, Flerit and title if applicable (NO ND DIRECTORS   DELETE   DELETE   DELETE   DELETE	### AUTON AND THE PROPERTY OF	Agent signer sig	DDRESS DDRESS ZIP DDRESS ZIP DDRESS	when reinstating)		DATE	D DIRECT Change	ORS IN 12 Addition Addition
office or reg agent. I am SIGNATURE  12.  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	istered agent, or both, in the State familiar with, and accept the oblig Ignature. Typed or printed name of registered agent of PSTD FERNANDEZ, ALFONSO 10150 S.W. 118 TERRACE	a of Florida. Such change was attions of, Section 607.0505, Flerit and title if applicable (NO ND DIRECTORS   DELETE   DELETE   DELETE   DELETE	### A CITY #### A CITY ##### A CITY ####################################	DY INFO	DDRESS DDRESS ZIP DDRESS ZIP DDRESS	when reinstating)		DATE	D DIRECT Change	ORS IN 12 Addition Addition
office or reg agent. I am SIGNATURE  12.  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	istered agent, or both, in the State familiar with, and accept the oblig Ignature. Typed or printed name of registered agent of PSTD FERNANDEZ, ALFONSO 10150 S.W. 118 TERRACE	a of Florida. Such change was attions of, Section 607.0505, Flerit and title if applicable (NO ND DIRECTORS   DELETE   DELETE   DELETE   DELETE	### A CITY #### A CITY ##### A CITY ####################################	LE REET ALE  REET ALE  REET ALE  REET ALE  REET ALE  REET ALE  ME  REET ALE	DDRESS ZIP DDRESS ZIP DDRESS ZIP DDRESS ZIP DDRESS	when reinstating)		DATE	D DIRECT Change	ORS IN 12 Addition Addition
office or reg agent. I am SIGNATURE  12.  TITLE NAME STREET ADDRESS CITY-ST-ZIP	istered agent, or both, in the State familiar with, and accept the oblig Ignature. Typed or printed name of registered agent of PSTD FERNANDEZ, ALFONSO 10150 S.W. 118 TERRACE	a of Florida. Such change was attions of, Section 607.0505, Flerit and title if applicable (NO ND DIRECTORS   DELETE   DELETE   DELETE   DELETE	### AUTO   FE: Registered Au	LE REET ALE  REET ALE  REET ALE  REET ALE  REET ALE  REET ALE  ME	DDRESS ZIP DDRESS ZIP DDRESS ZIP DDRESS ZIP DDRESS	when reinstating)		DATE	D DIRECT Change	ORS IN 12  Addition  Addition  Addition
office or reg agent. I am SIGNATURE  12.  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	istered agent, or both, in the State familiar with, and accept the oblig Ignature. Typed or printed name of registered agent of PSTD FERNANDEZ, ALFONSO 10150 S.W. 118 TERRACE	actions of, Section 607.0505, F ent and title if applicable (NO ND DIRECTORS DELETE DELETE DELETE	### AUTO   FE: Registered Au	LE REET ALC  REE	DDRESS ZIP DDRESS ZIP DDRESS ZIP DDRESS ZIP DDRESS	when reinstating)		DATE	D DIRECT Change Change	ORS IN 12  Addition  Addition  Addition
office or reg agent. I am SIGNATURE  12.  TITLE NAME STREET ADDRESS CITY-ST-ZIP	istered agent, or both, in the State familiar with, and accept the oblig Ignature. Typed or printed name of registered agent of PSTD FERNANDEZ, ALFONSO 10150 S.W. 118 TERRACE	actions of, Section 607.0505, F ent and title if applicable (NO ND DIRECTORS DELETE DELETE DELETE	### AUTO   FE: Registered Au	LE REET ALC  REE	DDRESS ZIP DDRESS ZIP DDRESS ZIP DDRESS ZIP DDRESS	when reinstating)		DATE	D DIRECT Change Change	ORS IN 12  Addition  Addition  Addition

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 by resident 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