

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000018414 (0)

1. Corporation Name

CHEF AIDE, INC. Chef - Aide, inc
(notice Hyphen)



Principal Place of Business

Mailing Address

1670 LINCOLN ROAD, # 7B
MIAMI BEACH FL 33139
7381 NW 35th St
Miami, FL 33122

1670 LINCOLN ROAD, # 7B
MIAMI BEACH FL 33139
P.O. Box 398306
Miami Beach, FL

3. Date Incorporated or Qualified
03/09/1994

3a. Date of Last Report
01/25/1995

2. Principal Place of Business
21 7381 NW 35th St.
Suite, Apt. #, etc.

2a. Mailing Address
26 P.O. Box 398306
Suite, Apt. #, etc.

4. FEI Number
65-0479098
Applied For
Not Applicable

22 City & State
23 Miami, FL

27 City & State
28 Miami Beach, FL

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

24 Zip
33122

25 Country
Dade

29 Zip
33239-8306

30 Country
Dade

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

STRATTON, DOUGLAS D
407 LINCOLN ROAD, SUITE 2B
MIAMI BEACH FL 33139

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
FL 85 Zip Code

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DS
TONNA, JACQUELINE K
1670 LINCOLN ROAD, # 7B
MIAMI BEACH FL

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
PD
TONNA, JOSEPH M
1670 LINCOLN ROAD, # 7B
MIAMI BEACH FL

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP
1670 Lincoln Court #7B
Miami Beach, FL 33139

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP
1670 Lincoln Court #7B
33139

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP
500001746855
-03/18/96--01050--011
***200.00

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP
m.m.
3-18-98

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jacqueline K. Tonna V.P.

2-1-96

Date

640-9747

Daytime Phone #

CR2E034 (12/95)