

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

**CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # P94000091183(1)
1. Corporation Name **S.T.K. Kitchen, Inc**

Principal Place of Business **miami FL**
Mailing Address **15800 NW 13th AVE
miami FL 33169**

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified **12/14/94** 3a. Date of Last Report
4. FEI Number **65-0540091** Applied For
Not Applicable

2. Principal Place of Business
21 Suite, Apt #, etc
22 City & State **Miami FL**
23 Zip **33169** Country **FL**
24 Mailing Address
25 Suite, Apt #, etc
26 City & State
27 Zip **33169** Country **FL**
28

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 has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent
**Dina Mesika
15800 NW 13th AVE
Miami, FL 33169**
10. Name and Address of New Registered Agent
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 607.1501, 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 is 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 in printed name of registered agent and file # (applicable) (If 11. Registered Agent signature required when registering) (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	☐ Change ☐ Addition
STREET ADDRESS	STREET ADDRESS	1.2 NAME	
CITY, ST, ZIP	CITY, ST, ZIP	1.3 STREET ADDRESS	
		1.4 CITY, ST, ZIP	
TITLE	NAME	2.1 TITLE	☐ Change ☐ Addition
STREET ADDRESS	STREET ADDRESS	2.2 NAME	
CITY, ST, ZIP	CITY, ST, ZIP	2.3 STREET ADDRESS	
		2.4 CITY, ST, ZIP	
TITLE	NAME	3.1 TITLE	☐ Change ☐ Addition
STREET ADDRESS	STREET ADDRESS	3.2 NAME	
CITY, ST, ZIP	CITY, ST, ZIP	3.3 STREET ADDRESS	
		3.4 CITY, ST, ZIP	
TITLE	NAME	4.1 TITLE	☐ Change ☐ Addition
STREET ADDRESS	STREET ADDRESS	4.2 NAME	
CITY, ST, ZIP	CITY, ST, ZIP	4.3 STREET ADDRESS	
		4.4 CITY, ST, ZIP	
TITLE	NAME	5.1 TITLE	☐ Change ☐ Addition
STREET ADDRESS	STREET ADDRESS	5.2 NAME	
CITY, ST, ZIP	CITY, ST, ZIP	5.3 STREET ADDRESS	
		5.4 CITY, ST, ZIP	
TITLE	NAME	6.1 TITLE	☐ Change ☐ Addition
STREET ADDRESS	STREET ADDRESS	6.2 NAME	
CITY, ST, ZIP	CITY, ST, ZIP	6.3 STREET ADDRESS	
		6.4 CITY, ST, ZIP	

14. I hereby certify that the information submitted with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 19.02(1)(b), Florida Statutes. Further, I certify that the information included 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 of this report or on an attachment with an address.

SIGNATURE: J. O. 3 Dina Mesika 4-18-95 623-2572
SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date