

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
May 20 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P95000027895 (8)

1. Corporation Name

ARISTOCRAT RESTAURANT, INC.



Principal Place of Business

Mailing Address

1461-A S.E. 17 STREET
FORT LAUDERDALE FL 33316

1461-A S.E. 17 STREET
FORT LAUDERDALE FL 33316

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/05/1995

4. FEI Number

65-0579725

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 or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 1461-A S.E. 17th St.

Suite, Apt. #, etc.

22

City & State

23 Ft. Lauderdale Fl.

Zip

24 33316

Country

25 Broward

2a. Mailing Address

26 1461-A S.E. 17th St.

Suite, Apt. #, etc.

27

City & State

28 Ft. Lauderdale Fl.

Zip

29 33316

Country

30 Broward

9. Name and Address of Current Registered Agent

~~ERQUIN, ARCADIO
1427 S.E. 17TH ST.
FORT LAUDERDALE FL 33316~~

10. Name and Address of New Registered Agent

81 Name

Avelino Reyes

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

1427 S.E. 17th St.

83

Fort Lauderdale

84 City

Florida

FL

85 Zip Code

33316

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 dated applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

AX AVELINO C. REYES 4/28/98

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

P
NAME PASCUAL, MERLITA
STREET ADDRESS 1461-A S.E. 17 STREET
CITY-ST-ZIP FORT LAUDERDALE FL 33316

TITLE ☐ DELETE

S
NAME NITULANO, NENA
STREET ADDRESS 1461-A S.E. 17 STREET
CITY-ST-ZIP FORT LAUDERDALE FL 33316

TITLE ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME President
1.3 STREET ADDRESS Merlita Pascual
1.4 CITY-ST-ZIP 1461-A SE 17th St.
Fort Lauderdale Fl. 33316

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME Secretary
2.3 STREET ADDRESS Nena Nitulano
2.4 CITY-ST-ZIP 1461-A SE 17th St.
Ft. Lauderdale Fl. 33316

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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.

SIGNATURE

CR2E034 (10/97)