


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

FILED
Jul 29 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 # P95000048540 1. Corporation Name STEAK IN FOODS & BEVERAGES, INC.					
Principal Place of Business 801 Brickell Bay Drive Box 16 Miami, Florida 33131			Mailing Address		
DO NOT WRITE IN THIS SPACE					
2. Principal Place of Business		2a. Mailing Address		4. FEI Number 65-0613024	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		Applied For Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24 Country		29 Country		30 Country	
9. Name and Address of Current Registered Agent Miguel A. Martin, Esq. 848 Brickell Avenue, Suite 830 Miami, Florida 33131			10. Name and Address of New Registered Agent		
81 Name			82 Street Address (P.O. Box Number is Not Acceptable)		
83			84 City		
85 Zip Code			FL		
11. Pursuant to the provisions of Sections 607.0602 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 607.0605, Florida Statutes.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
12. OFFICERS AND DIRECTORS					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
TITLE		NAME		1.1 TITLE	
NAME		STREET ADDRESS		1.2 NAME	
CITY-ST-ZIP		CITY-ST-ZIP		1.3 STREET ADDRESS	
1.1 TITLE		1.2 NAME		1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP		1.5 CITY-ST-ZIP		1.6 CITY-ST-ZIP	
2.1 TITLE		2.2 NAME		2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP		2.5 CITY-ST-ZIP		2.6 CITY-ST-ZIP	
3.1 TITLE		3.2 NAME		3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP		3.5 CITY-ST-ZIP		3.6 CITY-ST-ZIP	
4.1 TITLE		4.2 NAME		4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP		4.5 CITY-ST-ZIP		4.6 CITY-ST-ZIP	
5.1 TITLE		5.2 NAME		5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP		5.5 CITY-ST-ZIP		5.6 CITY-ST-ZIP	
6.1 TITLE		6.2 NAME		6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP		6.5 CITY-ST-ZIP		6.6 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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

CR2E034 (10/97)