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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 **DOCUMENT** # P95000092212 (6) GIRALDA PARTNERS, INC. Principal Place of Business Mailing Address HOFBRAU PUB & GRILL HOFBRAU PUB & GRILL 172 GIRAZDA AVE 172 GIRAZDA AVE DO NOT WRITE IN THIS SPACE **CORAL GABLES FL 33134** CORAL GABLES FL 33134 3. Date Incorporated or Qualified 12/05/1995 2. Principal Place of Business 2s. Mailing Address Applied For 26 65-0638236 Not Applicable 21 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 6. Certificate of Status Desired Fee Required 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Zip Zip Country Country 8. This corporation owes or has paid the current year Intangible Yes 24 25 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name ETTENHEIM. STEVEN 50 W. MASPITA DR., #4 62 Street Addre KEY BISCAYNE FL 33149 83 84 tions 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered in the state on 20 da. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered by it the obligation of Section 607.0505, Florida Statutes. 11. Pursuant to the provis office or registered ag 4.29.98 Registered Agent signature required when reinstating) Signature, lyp ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. DELETE Change Addition TETLE 1.1 TITLE HALL, JOHN M. NAME 1.2 NAME 2508 SAN DOMINGO ST. STREET ADDRESS 1.3 STREET ADDRESS CORAL GABLES FL 1.4 CITY - ST - ZIP CITY-ST-ZiP DELETE 2.1 TITLE DIRECTOR Change Addition TITLE ETTENHEIM, STEVEN NAME 2.2 NAME 397 HARBOR COURT 2.3 STREET ADDRESS STREET ADDRESS KEY BISCAYNE FL CITY-ST-ZIP 2 4 CITY-ST-ZIP DELETE 31 TITLE TITLE **NEITZEL, SCOTT R.** NAME 3.2 NAME 3261 RIVIERA DR. STREET ADDRESS 3.3 STREET ADDRESS CORAL GABLES FL CITY-ST-ZIP 3.4. CITY-ST-ZIP Change Addition DELETE 4.1 TITLE TITLE NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP Change ☐ OFLETE 5.1 TITLE ☐ Addition TITLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST-ZIP DELETE Change Addition 6 1 TITLE TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP with this tiling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information the annual report is the and accurate and that my signature shall have the same legal effect as if made under oath; that I am an occiver or to stee engagement to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in I hereby certify that the informat indicated on this annual report of

CIGNATURE.

officer or director of the corporal Block 12 or Block 13 if changed

104N M HALL

in or the receiver or trustee on

4-29.98

305 779-6600

FILED

May 14 1998 8:00am

Secretary of State