


FILED  
May 05 1998 8:00am  
Secretary of State

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1998</b>		 <b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> <b>Secretary of State</b> <b>DIVISION OF CORPORATIONS</b>	
<b>DOCUMENT # P96000014450 (6)</b> <b>1. Corporation Name</b> <b>TRANSYLVANIA DELIGHT, INC.</b>			
<b>Principal Place of Business</b> <b>1001 NE 3RD STREET</b> <b>HALLANDALE FL 33009</b>		<b>Mailing Address</b> <b>1001 NE 3RD STREET</b> <b>HALLANDALE FL 33009</b>	
<b>2. Principal Place of Business</b> <b>21</b> Suite, Apt. #, etc. <b>22</b> City & State <b>23</b> Zip <b>24</b> Country		<b>2a. Mailing Address</b> <b>26</b> Suite, Apt. #, etc. <b>27</b> City & State <b>28</b> Zip <b>29</b> Country	
<b>g. Name and Address of Current Registered Agent</b> <div style="display: flex; justify-content: space-between;"> <div style="width: 80%;"> <b>BREIT, RICHARD H</b>  <b>3111 STIRLING ROAD</b>  <b>FORT LAUDERDALE FL 33312</b> </div> <div style="width: 15%;"> <b>81</b> Name  <b>82</b> Street Address  <b>83</b>  <b>84</b> City         </div> </div>			
<b>11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation or registered agent, or both, in the State of Florida. Such change was authorized by the corporation agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.</b>			
<b>SIGNATURE</b> <small>Signature, typed or printed names of registered agent and line if applicable (NOTE: Registered Agent signature required)</small>			
<b>12. OFFICERS AND DIRECTORS</b>			
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>P</b> <b>ALBU, NICOLAE</b> <b>1001 NE 3RD ST</b> <b>HALLANDALE FL</b>	<input type="checkbox"/> DELETE	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>VP</b> <b>SCHMIDT, CLAUDIO A</b> <b>3421 SW 40TH AVE</b> <b>HALLANDALE FL</b>	<input type="checkbox"/> DELETE	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>T</b> <b>SOTO, VIRGINIA</b> <b>9075 SW 61ST STREET</b> <b>MIRAMAR FL</b>	<input type="checkbox"/> DELETE	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>S</b> <b>SCHMIDT, MARIA</b> <b>3421 SW 40TH AVE</b> <b>HALLANDALE FL</b>	<input type="checkbox"/> DELETE	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>Bigelman, Marvin</b> <b>3510 Magellan Circle Apt 726 V.P</b> <b>Aventura FL 33180</b>	<input type="checkbox"/> DELETE	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<input type="checkbox"/> DELETE	
<b>13.</b>			
	<b>1.1 TITLE</b> <b>1.2 NAME</b> <b>1.3 STREET ADDRESS</b> <b>1.4 CITY-ST-ZIP</b>		
	<b>2.1 TITLE</b> <b>2.2 NAME</b> <b>2.3 STREET ADDRESS</b> <b>2.4 CITY-ST-ZIP</b>		
	<b>3.1 TITLE</b> <b>3.2 NAME</b> <b>3.3 STREET ADDRESS</b> <b>3.4 CITY-ST-ZIP</b>		
	<b>4.1 TITLE</b> <b>4.2 NAME</b> <b>4.3 STREET ADDRESS</b> <b>4.4 CITY-ST-ZIP</b>		
	<b>5.1 TITLE</b> <b>5.2 NAME</b> <b>5.3 STREET ADDRESS</b> <b>5.4 CITY-ST-ZIP</b>		
	<b>6.1 TITLE</b> <b>6.2 NAME</b> <b>6.3 STREET ADDRESS</b> <b>6.4 CITY-ST-ZIP</b>		

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**02/15/1996**

4. FEI Number

Applied For	
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Not Applicable
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### 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

☐ Yes      ☐ No

**9. Name and Address of Current Registered Agent**

10. Name and Address of New Registered Agent

BREIT, RICHARD H  
3111 STIRLING ROAD  
FORT LAUDERDALE FL 33312

81	Name
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82	Street Address (P.O. Box Number is Not Acceptable)
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83

64	City
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FL

85	Zip Code
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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 \_\_\_\_\_

## OFFICERS AND DIRECTORS

### ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P	<input type="checkbox"/> DELETE
NAME	ALBU, NICOLAE	
STREET ADDRESS	1001 NE 3RD ST	
CITY - ST - ZIP	HALLANDALE FL	

TITLE	VP	<input type="checkbox"/> DELETE
NAME	SCHMIDT, CLAUDIO A	
STREET ADDRESS	3421 SW 40TH AVE	
CITY - ST - ZIP	HALLANDALE FL	

TITLE		<input type="checkbox"/> DELETE
NAME	SOTO, VIRGINIA	
STREET ADDRESS	3075 SW 61ST STREET	
CITY - ST - ZIP	MIRAMAR FL	

TITLE	S	<input type="checkbox"/> DELETE
NAME	SCHMIDT, MARIA	
STREET ADDRESS	3421 SW 40TH AVE	
CITY - ST - ZIP	HALLANDALE FL	

TITLE	Bigelman, Marvin	<input type="checkbox"/> DELETE
NAME	3510 Magellan Circle Apt 726 V	
STREET ADDRESS	Aventura FL 33180	
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST. ZIP	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	

2.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		

3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	

4.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		

5.1 TITLE	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		

6.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> 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 L. E. C. H. R. L. R. L.

CR2E034 (10/97)