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Sep 11 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 # P96000032724 (2)
1. Corporation Name
KABUKI INC.

Principal Place of Business
6979 COLLINS AVE.
MIAMI BEACH FL 33141
US

Mailing Address
5701 COLLINS AVE.
#1715
MIAMI BEACH FL 33140
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 04/11/1996	
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number APPLIED FOR			
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	7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent HOFFMAN, MARIA 9332 BRYON AVE. MIAMI BEACH FL 33154		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 607.0502 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 fee if applicable) (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOFFMAN, MARIA	1.2 NAME	
STREET ADDRESS	9332 BRYON AVE.	1.3 STREET ADDRESS	
CITY-ST-ZIP	SURFSIDE FL	1.4 CITY-ST-ZIP	
TITLE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 _____ 4/3/98 3058662000

CR2E034 (10/97)

Application for Employer Identification Number

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, certain individuals, and others. See instructions.)

► Keep a copy for your records.

EIN **65-0855016**

OMB No. 1545-0003

1 Name of applicant (legal name) (see instructions)
MARIA DOLORES HOFFMAN

2 Trade name of business (if different from name on line 1)
KABUKI INC

3 Executor, trustee, "care of" name
SAME

4a Mailing address (street address) (room, apt., or suite no.)
5701 COLLINS AVE #1715

4b City, state, and ZIP code
MIAMI BEACH, FL 33140

5a Business address (if different from address on lines 4a and 4b)
6979 COLLINS AVE

5b City, state, and ZIP code
MIAMI BEACH, FL 33141

6 County and state where principal business is located
FLORIDA, Dade County

7 Name of principal officer, general partner, grantor, owner, or trustee—SSN or ITIN may be required (see instructions) ►
MARIA D. HOFFMAN

8a Type of entity (Check only one box.) (see instructions)
Caution: If applicant is a limited liability company, see the instructions for line 8a.

☒ Sole proprietor (SSN) **210-34-1450** ☐ Estate (SSN of decedent) _____
☐ Partnership ☐ Personal service corp. ☐ Plan administrator (SSN) _____
☐ REMIC ☐ National Guard ☐ Other corporation (specify) ► _____
☐ State/local government ☐ Farmers' cooperative ☐ Trust _____
☐ Church or church-controlled organization ☐ Federal government/military _____
☐ Other nonprofit organization (specify) ► _____ (enter GI N if applicable) _____
☐ Other (specify) ► _____

8b If a corporation, name the state or foreign country (if applicable) where incorporated State **FLORIDA** Foreign country _____

9 Reason for applying (Check only one box.) (see instructions) ☒ Banking purpose (specify purpose) ► _____
☒ Started new business (specify type) ► **RESTAURANT** ☐ Changed type of organization (specify new type) ► _____
☐ Hired employees (Check the box and see line 12.) ☐ Purchased going business _____
☐ Created a pension plan (specify type) ► _____ ☐ Created a trust (specify type) ► _____
☐ Other (specify) ► _____

10 Date business started or acquired (month, day, year) (see instructions)
Not yet open

11 Closing month of accounting year (see instructions) _____

12 First date wages or annuities were paid or will be paid (month, day, year). **Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year).** _____

13 Highest number of employees expected in the next 12 months. **Note: If the applicant does not expect to have any employees during the period, enter -0-.** (see instructions) _____

14 Principal activity (see instructions) **RESTAURANT**

15 Is the principal business activity manufacturing? ☐ Yes ☒ No
If "Yes," principal product and raw material used ► _____

16 To whom are most of the products or services sold? Please check one box. ☐ Business (wholesale) ☐ N/A
☐ Public (retail) ☐ Other (specify) ► _____

17a Has the applicant ever applied for an employer identification number for this or any other business? ☐ Yes ☒ No
Note: If "Yes," please complete lines 17b and 17c.

17b If you checked "Yes" on line 17a, give applicant's legal name and trade name shown on prior application, if different from line 1 or 2 above.
Legal name ► _____ Trade name ► _____

17c Approximate date when and city and state where the application was filed. Enter previous employer identification number if known.
Approximate date when filed (mo., day, year) _____ City and state where filed _____ Previous EIN _____

Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.

Business telephone number (include area code)
305-866 2000

Fax telephone number (include area code)
305-866 200 EXT 100.

Name and title (Please type or print clearly.) ► **MARIA D. HOFFMAN**

Signature ►

Date ► **8/7/98**

Note: Do not write below this line. For official use only.

Please leave blank ►	Geo.	Ind.	Class	Size	Reason for applying
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