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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P96000033376**

1. Corporation Name

ROES RESTAURANT, INC.

Apr 12, 1999 8:00 am Secretary of State

04-12-1999 90045 008 ***150.00



Principal Place	e of Business	Mailing Address			4 18811801 140 16118 61141 68411 68411 68111 6	7186 111 89 111 01 (3)	(1)
1861-63 NW 22	STREET	1861-63 NW 22 STREET					
MIAMI FL 33142 MIAMI FL 33142					DO NOT WRITE IN THIS SPACE		
	•				3. Date incorporated or Qualifed 04/15/1996		
2. Principal Pl	lace of Business	2a. Mailing Address	_		4. FEI Number		Applied For
21		26			65-0668714		Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	wareness and the		5. Certificate of Status Desired		Additional Required
22		27			<u> </u>		
City & State City & State 28					6. Election Campaign Financing Trust Fund Contribution		0 May Be d to Fees
Zip	Country	Zip	Countr	у	8. This corporation owes the current year	Intangible	
24	25 29		30		Personal Property Tax. Yes No		
	9. Name and Address of Currer				10. Name and Address of New Register	ed Agent	
DOO			8-	Name		,	
ROSARIO, SANTIAGO 1861-63 NW 22 STREET			82	2 Street Addr	ess (P.O. Box Number is Not Acceptable)		
l	MI FL 33142		83	3			
			L				
			84	4 City	F	-L 85 Zip	3 Code
11. Pursuant	to the provisions of Sections 607.050	02 and 607.1508, Florida Statu	tes, the abov	ve-named corp	oration submits this statement for the purpose	of changing if	ts registered
l office or r	egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was :	authorized bi	v the corporation	on's board of directors. I hereby accept the ap	pointment as r	registered
_							
SIGNATURE	Signature, typed or printed name of registered age	nt and title if applicable. (NOT	E: Registered Age	ent signature require		•	
12.	OFFICERS AN	ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS		
TITLE	D	☐ DELETE	1.1 TITLE			☐ Change	e
NAME	rosario, santiago		1.2 NAME				
STREET ADDRESS	1861-63 NW 22 STREET		1.3 STREI	ET ADDRESS	, ,	;	
CITY-ST-ZIP	MIAMI FL 33142		1.4 CITY-	ST-ZIP	*		
TITLE		. DELETE	2.1.TITLE			Change	e Addition
NAME			2.2 NAME				
STREET ADDRESS	2	The same of the same of	2.3 STRE	ET ADDRESS	and a second of the second of	. د میباندین	~ ·
CITY-ST-ZIP			2. 4 CITY-	ST-ZIP			
TITLE		☐ DELETE	3.1 TITLE			☐ Change	e
NAME			3.2 NAME				
STREET ADDRESS			3.3 STREI	ET ADDRESS			
CITY-ST-ZIP			3.4. CITY-				
TITLE		☐ DELETE	4.1 TITLE			Change	e
NAME	:		4. 2 NAME				
STREET ADDRESS	• .		4.3 STREI	ET ADORESS			
CiTY-ST-ZIP			4.4 CITY-				
TITLE	-	☐ DELETE	5.1 TITLE			☐ Change	e Addition
NAME	- •		5.2 NAME		•		
STREET ADDRESS		,	1	ET ADDRESS			
CITY-ST-ZIP			5.4 CITY-				
TITLE `		☐ DELETE	6.1 TITLE		•	☐ Change	B Addition
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREE	ET 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, with all other like empowered.