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

PROFIT CORPORATION ANNUAL REPORT

1998

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000049189 (9)

SIZZLING FOOD CONCEPTS, INC.

FILED Feb 19 1998 8:00am Secretary of State

Data single Disc	A During	AA Waa Adalaa			<u> </u>	
Principal Place of Business 550 BILTMORE WAY STE 1110 CORAL GABLES FL 33134		-	Mailing Address 550 BILTMORE WAY STE 1110			The state of the s
		550 BILTMORE 1 STE 1110				
		CORAL GABLES FL 33134		DO NOT WRITE IN THIS SPACE		
US		US			3. Date Incorporated or Qualified	
					06/04/1996	
⊢ ≒ '	Place of Business	2a. Mailing Addr	BSS		4. FEI Number	Applied For
Suite, Apt.	# etc	26 Suite, Apt. #,	elo		65-0675680	Not Applicable
22		· ·	27		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Stat	θ	City & State			6. Election Campaign Financing	\$5.00 May Be
23		28			Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Coun	try	8. This corporation owes or has paid	the current year Intangible
24	25	29	30		Personal Property Tax due June 3	
	g. Name and Address of Curr	ent Registered Agent			10. Name and Address of New Reg	Istered Agent
SC	HECHTER, ROSA E		8	Name		
C/0	O KIRKPATRICK & LOCKHART			2 Street Add	Iress (P.O. Box Number is Not Acceptable	
20	1 S BISCAYNE BLVD, 20TH FL					.,
MIA	AMI FL 33131		6	13		
			<u> </u>	14 City		85 Zip Code
11. Pursuant	to the provisions of Sections 607.08	502 and 607.1508, Florid	la Statutes, the abo	ove-named cor	poration submits this statement for the puttion's board of directors. I hereby accept	rpose of changing its registered
agent. I a	m familiar with, and accept the obl	igations of, Section 607.0	0505, Florida Statut	les.	more board or directors. Thereby accept	the appointment as registered
SIGNATURE						
	Signature, typed or printed name of registered a			gont signature requi	ired when reinstating)	DATE
12,		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICE	
TITLE	D WADMAN BIOARDO	L.J DE		j		☐ Change ☐ Addition
NAME WARMAN, RICARDO STREET ADDRESS 550 BILTMORE WAY, STE 1110		1.2 NAM				
STREET ADDRESS	CORAL GABLES FL	110		ET ADDRESS		
CITY-ST-ZIP TITLE	CORAL GABLES FL	☐ DEI		-ST-ZIP		Change Addition
NAME				·		Change Audition
STREET ADDRESS			2.2 NAM	-	A	·
				ET ADDRESS		ļ
CITY-ST-ZIP TITLE		□ DEI	2. 4 CITY ETE 3.1 TITLE			☐ Change ☐ Addition
NAME		— <i>V</i> c.	3.2 NAM			
STREET ADDRESS			•	ET ADDRESS		ļ
CITY-ST-ZIP			3.4. CITY			ļ
TITLE		DEL				Change Addition
NAME			4. 2 NAM			_ change tookson
STREET ADDRESS				ET ADDRESS		
CITY-ST-ZIP			4.4 CITY-			
TITLE		DEt				Change Addition
NAME			5.2 NAMI			
STREET ADDRESS				ET ADDRESS		
CITY-ST-ZIP			5.4 CITY-	1		
TITLE		DEL				Change Addition
NAME			6.2 NAME	1		
STREET ADDRESS				ET 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.