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

PROFIT CORPORATION ANNUAL REPORT 1999



DOCUMENT # P96000049189

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

Mar 24, 1999 8:00 am Secretary of State

03-24-1999 90052 047 ***150.00

1. Corporation SIZZLING	FOOD CONCEPTS, INC.	Mailing Address	-11		
[550 BILTMORE WAY			
550 BILTMORE STE 1110	AAN I	STE 1110			
CORAL GABLES FL 33134 CORAL GABLES FL 33134				DO NOT WRITE IN T	HIS SPACE
US		US		3. Date Incorporated or Qualifed	j
				06/04/1996 4. FEI Number	Applied Fee
$ \sim \sim \sim \sim$	ace of Business	2a. Mailing Address	- A -		Applied For Not Applicable
21 3995		26 3995 NWI Suite, Apt. #, etc.	OT AUE.	65-0675680	\$8.75 Additional
Suite, Apt.	#, etc.			5. Certifcate of Status Desired	Fee Required
22 City & State	A	City & State -		6. Election Campaign Financing	\$5.00 May Be
23 MILAN		28 miami F		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current year	r Intangible
24 331		29 = 33178 3	A ZU O	Personal Property Tax.	Yes □No
1-1 <u>010</u>	9. Name and Address of Current			10. Name and Address of New Registe	red Agent
C/O 201	ECHTER, ROSA E KIRKPATRICK & LOCKHART S BISCAYNE BLVD, 20TH FL MI FL 33131		83 St. City	RICARDO WARMAN ddress (P.O. Box Number is Not Acceptable) 1995 NW 107 AUE	FL 85 Zip Code 33.178
office or n agent. I a	M familiar with, and accept the opinion	and title if applicable. (NOTE: R	egistered Agent signature rec		99
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS	
TITLE	D	☐ DELETE	1.1 TITLE	PRESIDENT	Change Addition
NAME '	WARMAN, RICARDO		1.2 NAME	RICARPO WARMAN 3995 NW 107 AUE.	
STREET ADDRESS	550 BILTMORE WAY, STE 1110			3945 NW 197 11- 3	
CITY-ST-ZIP	CORAL GABLES FL	Floritte	1.4 CITY-ST-ZIP	MIAMI, FL 33178	Change Addition
πιε		☐ DELETE	2.1 TITLE		
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP	S - F	- DELETE	2.4 CITY-ST-ZIP		Change Addition
TITLE		- C ochrig	3.1 IIILE 3.2 NAME	en e	
NAME					
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP		☐ DELETE	3.4. CITY-ST-ZIP		Change Addition
TITLE		C DEFE I			
NAME :			4.2 NAME		}
STREET ADDRESS	·		4.3 STREET ADDRESS		
CITY-ST-ZIP.		☐ DELETE	4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE		נ_] טבנכיכ	5.1 TITLE 5.2 NAME		. Designation
NAME '			5.3 STREET ADDRESS		
STREET ADDRESS					·
CITY-ST-ZIP1		□ DELETE	5.4 CITY-ST-ZIP 6.1 TITLE	· · · · · · · · · · · · · · · · · · ·	☐ Change ☐ Addition
TITLE	·		V., 17724		

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 path at other like empowered.

6.2 NAME

6.3 STREET ADDRESS

SIGNATURE:

NAME

STREET ADDRESS

REQUIRED IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR