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

**PROFIT** CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name P96000058434 (7)

CHEFF SAMMY'S ITALIAN RESTAURANT INC.

## FILED May 14 1998 8:00am Secretary of State



Principal Place of Business Mailing Address 7030 S.W. 154TH PLACE 7030 S.W. 154TH PLACE MIAM! FL 33157 MIAM! FL 33157 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 07/11/1996 2. Principal Place of Business 2e. Mailing Address 4. FEI Number Applied For Not Applicable 21 26 65-0682835 Sulte, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5,00 May Be Trust Fund Contribution Added to Fees 23 28 Country Country 8. This corporation owes or has paid the currentyear Intangible □ No 24 29 30 Personal Property Tax due June 30. 25 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name JULIAO, SAMUEL H 7030 S.W. 154TH PLACE Street Address (P.O. Box Number is Not Acceptable) 82 MIAMI FL 33157 83 City Zip Code 85 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 little if applicable (NOTE Registered Agent signature required when reinstaling) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change Addition TITLE 1.1 TITLE JULIAO, SAMUEL H 1.2 NAME R2E034 NAME 7030 S.W. 54TH STREET STREET ADDRESS 1.3 STREET ADDRESS MIAMI FL 33157 CITY-ST-ZIP I.4 CITY - ST - ZIP DELETE Change Addition TITLE 2.3 TITLE FIGUEREDO, VICENTE 2.2 NAME NAME 6421 SW 55TH ST. STREET ADDRESS 2.3 STREET ADDRESS MIAMI FL 2 4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY - ST- ZIP CITY-ST-ZIP DELETE ☐ Change Addition TITLE 5.1 TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 54 CITY-ST-ZIP DELETE Change Addition 61 TITLE TITLE NAME 62 NAME STREET ADDRESS 63 STREET ADDRESS CITY-ST-ZIP 6.4 CITY - ST - ZIP

14. Thereby 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 synthemental 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 of the receiver of trusted 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 or an attachment with an address.

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