

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

FILED  
Apr 23 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P96000062016 (6)**

1. Corporation Name

**FLORIDA INTERNATIONAL CATERING, INC.**

Principal Place of Business  
**3500 NORTHWEST 37 AVENUE  
MIAMI FL 33142**

Mailing Address  
**3500 NORTHWEST 37 AVENUE  
MIAMI FL 33142**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**07/24/1996**

4. FEI Number

**65-0683358**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent

**AMERILAWYER CHARTERED  
343 ALMERIA AVENUE  
CORAL GABLES FL 33134**

10. Name and Address of New Registered Agent

81 Name	<b>LAWRENCE D. SMITH</b>
82 Street Address (P.O. Box Number is Not Acceptable)	<b>9054 S.W. 143 AVENUE</b>
83	
84 City	<b>MIAMI FL FL</b>
85 Zip Code	<b>33186</b>

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 provisions of, Section 607.0505, Florida Statutes.

SIGNATURE

*Laurence D. Smith*

**LAWRENCE D. SMITH**

**3/16/98**

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GARCIA, OWEY U		1.2 NAME	Laurence Smith D.	
STREET ADDRESS	3500 NORTHWEST 37 AVENUE		1.3 STREET ADDRESS	3500 NW 37 Ave	
CITY - ST - ZIP	MIAMI FL 33142		1.4 CITY - ST - ZIP	MIAMI FL 33142	
TITLE	VD	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	STD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ARRUNATEGUI, ROLANDO A		2.2 NAME	Rebecca Langston	
STREET ADDRESS	3500 NORTHWEST 37 AVENUE		2.3 STREET ADDRESS	3500 NW 37 Ave	
CITY - ST - ZIP	MIAMI FL 33142		2.4 CITY - ST - ZIP	MIAMI FL 33142	
TITLE	PD	<input type="checkbox"/> DELETE	3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, LAWRENCE D		3.2 NAME		
STREET ADDRESS	3500 NORTHWEST 37 AVENUE		3.3 STREET ADDRESS		
CITY - ST - ZIP	MIAMI FL 33142		3.4 CITY - ST - ZIP		
TITLE	STD	<input type="checkbox"/> DELETE	4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Rebecca Langston		4.2 NAME		
STREET ADDRESS	3500 Northwest 37 Ave		4.3 STREET ADDRESS		
CITY - ST - ZIP	MIAMI FL 33142		4.4 CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE	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		<input type="checkbox"/> DELETE	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)(l), 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:

*Laurence D. Smith*

**3/16/98**

**(305) 387-3043**

CR2E034 (10/97)