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 P96000069025 (0)

CONTR	NENTAL FLAMBE, INCORP	CHAIEU						
Principal Place	of Business	Mailing Address				1 100(108) (110 (0)(10 0)(1) (0)(1) (0)(1) (1)(1)	###	101 9111 1001
•	HAVEN AVENUE	936 E. NEW HAVEN A	VENIE					
MELBOURNE			MELBOURNE FL 32901			DO MOT MIDITE IN THE	00405	
						DO NOT WRITE IN THIS	SPACE	 1
						3. Date Incorporated or Qualified		
5 D. L D.		2a. Mailing Address				08/16/1996 4. FEI Number	[Δr	plied For
2. Principal Place of Business		— ·				59-3395840		ot Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite Ant # etc				\$8.75	
·		27	 			5. Certificate of Status Desired	Fee Re	
City & State)	City & State				6. Election Campaign Financing	\$5.00	May Be
23		28			Trust Fund Contribution	Added 1	o Fees	
Zip	Country	Zφ	Cou	ntry		8. This corporation owes or has paid the cu		
24	25	29	30			Personal Property Tax due June 30.		₫ No
	9, Name and Address of Curre	ent Registered Agent		81 Na		10. Name and Address of New Registered	Agent	
	imad, ratib			81 Na	me			
	8 E. NEW HAVEN AVENUE			82 Str	eet Addre	ss (P.O. Box Number is Not Acceptable)		
ME	ELBOURNE FL 32901			83				
				03				
				84 Cit	у	FI	85 Zip (Code
•	10 x 00 x 00	00 and 007 1509 Florido Cto	tutos the of		nod coroc	ration submite this statement for the purpose	of changing it	s registered
office or r	egisterod agent, or both, in the Statem familiar with, and accept the obli	te of Florida. Such change wa	is authorizei	the the	corporatio	on's board of directors. I hereby accept the ap	pointment as	registered
SIGNATURE	Signature typed or printed name of registered a	gent and title if applicable (N	(OTf . Registere:	Agent sign	nature requires	d when reinstating) DATE		,
12.	OFFICERS A	ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AN		
TITLE	D	☐ DELET E	1.1 11	ll F			Change	☐ Addition
NAME	ahmad, ra tib		1.2 N/	ME				
STREET ADDRESS	936 E. NEW HAVEN AVENU	JE	1.3 \$1	REET ADOR	ESS			
CITY-ST-ZIP	MELBOURNE FL 32901			TY-ST-ZIP			170	
TITLE	D	☐ DELETE	2.1 Ti	ILF			Change	☐ Addition
NAME	RIOS, VALERIE		2.2 N/	ME				
STREET ADDRESS	936 E. NEW HAVEN AVENI	JE	23 \$1	REET ADDR	ESS			
CITY-ST-ZiP	MELBOURNE FL 32901			ITY-ST-ZIP	·		Change	Addition
TITLE		DELETE	3111				L Change	[_] Addition
NAME			3.2 N/					
STREET ADDRESS			1	REET ADDR	- 1			
CITY-ST-ZIP		DELETE	3.4. C	ITY-ST-ZIF	<u> </u>		Change	Addition
TITLE		L.J UCICIL	4.1 II				<u> </u>	
NAME				reey addr	500			
STREET ADDRESS					1			
CITY-ST-ZIP		DELETE	5.1 TI	IY-SI-ZIP			Change	Addition
TITLE			5.2 N/			\mathcal{M}		
NAME CARGET ARRESCO				reet addr	F66		1/21	,
STREET ADDRESS					133	71.//	1 - 0	
CITY-ST-ZIP		DELETE	5.4 CI 6.1 TI	TY-ST-ZIP De			Change	Addition
TITLE		O.CCIL	6.2 N			3000024127 -01/27/98010240	83	
NAME DEDCET ADDRESS				nvil Reet addr	F 6 6	-01/27/98010240	111	
STREET ADDRESS			000	HELL MANUE	-50	សស្សាប្រីពី (ហើ		

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 of supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; 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 appears.

1-15-98

FILED

Jan 26 1998 8:00am

Secretary of State

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

1. Corporatio	INENTAL FLAMBE' INCORF)			
The state of the s	be of Business	Mailing Address				Enich inini 46118 11881 6111 1861
936 E. NEW MELBOURNE	HAVEN AVENUE F. F. 12901	936 E. NEW HAVEN AVENUE MELBOURNE FL 32901				
		WEDDOOMISE IC GESO!			DO NOT WRITE IN THIS	S SPACE
					3. Date Incorporated or Qualified	
2 Principal F	Place of Business	2a. Mailing Address			08/16/1996 4. FEI Number	Applied For
21	INCO OF DUSTILIOSS	26 Maining Address			59-3395840	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			\$8.75 Additional	
22		27		5. Certificate of Status Desired	Fee Required	
City & Stat	de	City & State			Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zφ	Country	/	8. This corporation owes or has paid the o	
24	25	20	30		Personal Property Tax due June 30.	Yes No
	9, Name and Address of Curre	nt Hegistered Agent	81	Name	10. Name and Address of New Registered	a Agent
	HMAD, RATIB 18 E. NEW HAVEN AVENUE					
	ELBOURNE FL 32901		82	Street Ad	dress (P.O. Box Number is Not Acceptable)	
****			83			
			84	City		85 Zip Code
					rporation submits this statement for the purpose	L
office of agent. I a	am familiar with, and accept the oblig Signature typod or proted name of registered ag	gations of, Section 607.0505, F	lorida Statuto	S	ation's board of directors. I hereby accept the ap	
TITLE	D OFFICERS AN	DELETE	1.1 WILE		ADDITIONS/CHANGES TO OFFICERS AT	Change Addition
NAME	AHMAD, RATIB	2,7444	1.2 NAME			
STREET ADDRESS	936 E. NEW HAVEN AVENU	E	1.3 STREET	ADDRESS		
CITY-SI-ZIP	MELBOURNE FL 32901		1.4 CITY - S	T-ZIP		
TITLE	D	☐ DELETE	2.1 TITLE			☐ Change ☐ Addition
NAME	RIOS, VALERIE	_	2.2 NAME			
STREET ADDRESS	936 E. NEW HAVEN AVENU	Ł	23 STREET			
CITY-ST-ZIP TITLE	MELBOURNE FL 32901	DELETE	2 4 CITY-1 3 1 TITLE	ST - ZIP		Change Addition
NAME (Line Deticit	3.2 NAME			Shange radiion
STREET ADDRESS			3 3 STREET	ADDRESS		
CITY-ST-ZIP			3,4. C(TY-	ST-ZIP		
TITLE			4.1 TITLE			Change Addition
NAME			4.2 NAME	- 1		
STREET ADDRESS			4.3 STREET	1		
CITY-ST-ZIP		DELETE	4.4 CITY - S	T - ZIP		Change Addition
TITLE		L_J DELETE	5.1 TITLE		\mathcal{M}	Change L Addition
NAME STREET ADDRESS			5.2 NAME 5.3 STREET	ADDRESS		1/210
CITY-ST-ZIP			5.4 CITY - S		T.) .	
TITLE	<u></u>	☐ DELETE	8.1 TITLE		/	ChangeAddition
NAME			6.2 NAME		3000024127	5 5
STREET ADDRESS			63STREET	ADDRESS	-01/27/38010240	111
CITY CT 710			RACITY C	ן מוד ו	***150.00	

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 of 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 approximation.

1-15-98