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Feb 11 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000079094 (4)

1. Corporation Name
CHEF ZALMAN, INC.



Principal Place of Business
2601 S BAYSHORE DRIVE #1400
COCONUT GROVE FL 33133

Mailing Address
2601 S BAYSHORE DRIVE #1400
COCONUT GROVE FL 33133-5410

3. Date Incorporated or Qualified
09/23/1996

3a. Date of Last Report

2. Principal Place of Business
21 65 MERRICK WAY
Suite, Apt. #, etc.

2a. Mailing Address
26 65 MERRICK WAY
Suite, Apt. #, etc.

4. FEI Number
65-0696967

Applied For
Not Applicable

22 City & State
23 CORAL GABLES

27 City & State
28 CORAL GABLES

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

24 33134 25 USA

29 33134 30 USA

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

RUBINO, FRANK A
2801 S BAYSHORE DRIVE #1400
COCONUT GROVE FL 33133

10. Name and Address of New Registered Agent

81 Name MICHAEL WELLS
82 Street Address (P.O. Box Number is Not Acceptable)
65 MERRICK WAY
83
84 City CORAL GABLES FL 85 Zip Code 33134

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 MICHAEL WELLS

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE 1/17/96

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE
NAME WELLS, KIANA C
STREET ADDRESS 2801 S BAYSHORE DRIVE #1400
CITY-ST-ZIP COCONUT GROVE FL 33133

TITLE D ☐ DELETE
NAME WELLS, MARJORIE M
STREET ADDRESS 2801 S BAYSHORE DRIVE #1400
CITY-ST-ZIP COCONUT GROVE FL 33133

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS 65 MERRICK WAY
1.4 CITY-ST-ZIP CORAL GABLES, FL. 33134

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS 65 MERRICK WAY
2.4 CITY-ST-ZIP CORAL GABLES, FL. 33134

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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.

SIGNATURE: KIANA C WELLS KIANA WELLS 1/17/96 305-445-1200

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0178501

CR2E034 (9/96)