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Mar 07 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 # P96000084374 (3)

1. Corporation Name  
SKY RESTAURANT, INC.



Principal Place of Business

4951 SUNWARD DRIVE  
KISSIMMEE 34746

Mailing Address

4951 SUNWARD DRIVE  
KISSIMMEE 34746-5522

3. Date Incorporated or Qualified  
10/09/1996

3a. Date of Last Report

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

4. FEI Number

59-3402283

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 has liability for intangible tax under s. 199.032,  
Florida Statutes

☐

Yes

☒

No

9. Name and Address of Current Registered Agent

RAMOS, JOSE L  
1607 PARK LAKE STREET  
ORLANDO FL 32803

10. Name and Address of New Registered Agent

81 Name JOSE L. RAMOS

82 Street Address (P.O. Box Number is Not Acceptable)

5381-B HOFFNOR AVE

83

84 City ORLANDO

FL

85

Zip Code 32812

11. Pursuant to the provisions of Sections 607.0902 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 type: the printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

JOSE L. RAMOS 2/4/97

12. OFFICERS AND DIRECTORS

TITLE PSD  
NAME DE MELO SOUTO, JOSE P  
STREET ADDRESS 0750 BOHART COURT  
CITY-ST-ZIP ORLANDO FL 32836

TITLE SVD  
NAME GOMES MAIA, SILVIO H  
STREET ADDRESS 4806 BRIGHTON TERRACE  
CITY-ST-ZIP ORLANDO FL 32811

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PTD  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE SVD  
3.2 NAME GILBERTO ITRI  
3.3 STREET ADDRESS 1701 S. KIRKMAN RD  
3.4 CITY-ST-ZIP ORLANDO, FL 32811

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

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

6.1 TITLE  
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, its 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 being attached with an address.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/4/97 (407) 390-9444

CR2E034 (9/96)