* FOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name

DOWN TOWN FOOD SERVICES "GIACOMO", INC.

FILED Apr 26, 2000 8:00 am Secretary of State

04-26-2000 90044 033 ***150.00



Principal Place of Business TWO SOUTH MIAMA AVENUE SUITE 5 FL 33130		Mailing Address 100 SOUTH MIAM! AVENUE								
		SUITE 5 MIAMI FL 33130				DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified				
					•	12/20/1996				
		Do Blatton Address			······································	4. FEI Number		Ar	plied For	┪
2. Principal Place of Business		2a. Mailing Address				65-0717825	_	····	t Applicable	1
***		26					-		Additional	┥
Suite, Apt. #, etc.		Suite, Apt. #, etc.				5. Certificate of Status Desired	, ,		quired	ļ
		Ch. 2 State							 -	1
City & State		City & State				6. Election Campaign Financing Trust Fund Contribution			May Be to Fees	
!		Zip Country				Trust Fund Continuation		10000		1
_ Zip ·	Country	Zip	<u> </u>			8. This corporation owes the current y	year 🗌 Ye	. Б	No	
i	[25]	29	30			Intangible Personal Property. 10. Name and Address of New Regis			· · · · · · · · · · · · · · · · · · ·	-
	9. Name and Address of Current	Registered Agent		81 1	Name	IU. Name and Address of New York	stored Agen	<u>· / </u>		1
ADO	COOM INCOMES A			' '	1401110	·				_
	SSON, JACQUES A		B2 Street Add			ddress (P.O. Box Number is Not Acceptable)				
	South Miami Avenue					<u> </u>				-
SUIT				83						·
MRAN	AI FL 33130			84	City		85	Zip	Code	┨
•		•			=		TL.	<u>i</u> i		_
affine or	to the provisions of sections 607.0502 registered agent, or both, in the State am familiar with, and accept the obligations.	of Florida, Such change was a	autnonze	o by in	med corporal	oration submits this statement for the purpo tion's board of directors. I hereby accept the	ise or changir ie appointme	nt as re	gistered	
SIGNATURE	Signature, typed or printed name of registered agen	4 and 18th of production (No.	OTF: Registe	red Aner	nt signature re	quired when reinstating)	DATE			1-
45		D DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICE	ERS AND DI	RECTO	ORS IN 12	(5/99
12.		DELETE	1.1 TE	TLE	1			Change	Addition	
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NAME			I -	3 STREET ADDRESS						
STREET ADDRESS	125 N.E. 106TH STREET			1.4 CITY-ST-ZIP						2
CITY-ST-ZIP	MIAMI SHORES FL 33138	V/05:575		TLE	-			Change	Addition	70
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NAME	ALMENDRA, FRANCISCO		Ŀ							1
STREET ADDRESS	430 MALAGA AVENUE, #4	•		REET AD						1
CITY-ST-ZIP	CORAL GABLES FL 33134		2.4 CI	17-51-ZI	P			Chasse	Addition	,
TITLE		DELETE			1	•	٠ ب	Change	Addition	'
NAME			3.2 N		1					}
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STREET ADDRESS			4351	TREET AC	OORESS					1
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NAME			62 N	AME	- [-
STREET ADDRESS			6.3 S	TREET A	DORESS					
CITY-ST-ZIP			6.4 CITY-ST-ZIP							4
GITT-GITEN			the average		and in or	ction 110 07/31/i) Florida Statutes I furthe	r certify that t	ne info	mation	- 1

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 or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under certify 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.