

**FILED**  
**Apr 06, 1999 8:00 am**  
**Secretary of State**

04-06-1999 90077 023 \*\*\*150.00

|                                                          |                                                                                   |                                                                                                                               |
|----------------------------------------------------------|-----------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------|
| <b>PROFIT<br/>CORPORATION<br/>ANNUAL REPORT<br/>1999</b> |  | <b>FLORIDA DEPARTMENT OF STATE</b><br><b>Katherine Harris</b><br><b>Secretary of State</b><br><b>DIVISION OF CORPORATIONS</b> |
|----------------------------------------------------------|-----------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------|

**DOCUMENT # P97000014118**

1. Corporation Name

**SPECIAL EVENTS CATERING BY LES, INC.**

Principal Place of Business

22 GIRALDA AVENUE  
CORAL GABLES FL 33134

Mailing Address

480 NE 211 TERRACE  
NORTH MIAMI BEACH FL 33179  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/05/1997

4. FEI Number

65-0766990

Applied For

Not Applicable

5. Certificate of Status Desired ☐\$8.75 Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution ☐\$5.00 May Be  
Added to Fees8. This corporation owes the current year Intangible  
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21 7049 S.W. 47th St.

2a. Mailing Address

26 Suite, Apt. #, etc.

22 City &amp; State

23 Miami, FL

27 City &amp; State

28 City &amp; State

24 Zip Country

25 33155 USA

29 Zip Country

30 Zip Country

9. Name and Address of Current Registered Agent

NEMSER & WOLIS, P.A.  
18999 BISCAYNE BLVD  
NORTH MIAMI BEACH FL 33180

10. Name and Address of New Registered Agent

|                                                       |                        |
|-------------------------------------------------------|------------------------|
| 81 Name                                               | Les Oppenheim          |
| 82 Street Address (P.O. Box Number Is Not Acceptable) | 460 N.E. 211th Terrace |
| 83                                                    |                        |
| 84 City                                               | North Miami Beach, FL  |
| 85 Zip Code                                           | 33179                  |

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

6/3/99

| 12. OFFICERS AND DIRECTORS |                                 | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |                                                                   |
|----------------------------|---------------------------------|-------------------------------------------------------|-------------------------------------------------------------------|
| TITLE                      | P                               | 1.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | OPPENHEIM, LES                  | 1.2 NAME                                              |                                                                   |
| STREET ADDRESS             | 460 NE 211TH TERRACE            | 1.3 STREET ADDRESS                                    |                                                                   |
| CITY-ST-ZIP                | NORTH MIAMI BEACH FL 33179      | 1.4 CITY-ST-ZIP                                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE                      | <input type="checkbox"/> DELETE | 2.1 TITLE                                             |                                                                   |
| NAME                       |                                 | 2.2 NAME                                              |                                                                   |
| STREET ADDRESS             |                                 | 2.3 STREET ADDRESS                                    |                                                                   |
| CITY-ST-ZIP                |                                 | 2.4 CITY-ST-ZIP                                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE                      | <input type="checkbox"/> DELETE | 3.1 TITLE                                             |                                                                   |
| NAME                       |                                 | 3.2 NAME                                              |                                                                   |
| STREET ADDRESS             |                                 | 3.3 STREET ADDRESS                                    |                                                                   |
| CITY-ST-ZIP                |                                 | 3.4 CITY-ST-ZIP                                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE                      | <input type="checkbox"/> DELETE | 4.1 TITLE                                             |                                                                   |
| NAME                       |                                 | 4.2 NAME                                              |                                                                   |
| STREET ADDRESS             |                                 | 4.3 STREET ADDRESS                                    |                                                                   |
| CITY-ST-ZIP                |                                 | 4.4 CITY-ST-ZIP                                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE                      | <input type="checkbox"/> DELETE | 5.1 TITLE                                             |                                                                   |
| NAME                       |                                 | 5.2 NAME                                              |                                                                   |
| STREET ADDRESS             |                                 | 5.3 STREET ADDRESS                                    |                                                                   |
| CITY-ST-ZIP                |                                 | 5.4 CITY-ST-ZIP                                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE                      | <input type="checkbox"/> DELETE | 6.1 TITLE                                             |                                                                   |
| NAME                       |                                 | 6.2 NAME                                              |                                                                   |
| STREET ADDRESS             |                                 | 6.3 STREET ADDRESS                                    |                                                                   |
| CITY-ST-ZIP                |                                 | 6.4 CITY-ST-ZIP                                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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 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, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/1/99

305-604-5221

CR2E034 (11/98)