

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 07, 1999 8:00 am
Secretary of State

04-07-1999 90084 031 ***150.00

DOCUMENT # P97000023598

1. Corporation Name
P.A. CATERING, INC.

Principal Place of Business

4330 S.W. 4TH STREET
MIAMI FL 33134

Mailing Address

4330 S.W. 4TH STREET
MIAMI FL 33134

2. Principal Place of Business

21 4201 E. 10th LANE

Suite, Apt. #, etc.

22

City & State

23 HIALETH, FLORIDA

Zip

24 33013

Country

25 U.S.A.

2a. Mailing Address

26 4201 E. 10th LANE

Suite, Apt. #, etc.

27

City & State

28 HIALETH, FLORIDA

Zip

29 33013

Country

30 U.S.A.

9. Name and Address of Current Registered Agent

GARCIA, PABLO S.
42 N.W. 85TH COURT
MIAMI FL 33126

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/13/1997

4. FEI Number

65-0231437

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 owes the current year Intangible

Personal Property Tax.

☐ Yes

☒ No

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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)

PABLO S. GARCIA, V.P.

4/3/99

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME GARCIA, PABLO A
STREET ADDRESS 4330 S.W. 4TH STREET
CITY-ST-ZIP MIAMI FL 33134

TITLE VPD ☐ DELETE

NAME GARCIA, PABLO S
STREET ADDRESS 42 N.W. 85TH COURT
CITY-ST-ZIP MIAMI FL 33126

TITLE STD ☐ DELETE

NAME HURTADO DE MENDOZA, AURELIO
STREET ADDRESS 17040 S.W. 67TH TERRACE
CITY-ST-ZIP MIAMI FL 33173

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

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/9/99

DATE

305-685-0592

Daytime Phone #

CR2E034 (11/98)

0198241