

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
Mar 01, 1999 8:00 am
Secretary of State

03-01-1999 90217 029 ***150.00

DOCUMENT # **P97000030693**

1. Corporation Name

PORTOFINO ITALIAN CAFE, INC.



Principal Place of Business

Mailing Address

**2620 NATIONSBANK TOWER
100 S.E. 2ND STREET
MIAMI FL 33131**

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100 S.E. 2ND STREET
MIAMI FL 33131**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/04/1997

4. FEI Number

65-0825754

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

2. Principal Place of Business

2a. Mailing Address

401 Biscayne Blvd

Suite, Apt. #, etc.

S204

City & State

Miami, FL

Zip

33132

Country

US

Zip

Country

33132

US

9. Name and Address of Current Registered Agent

**SMOLER, BRUCE J
2620 NATIONSBANK TOWER
100 S.E. 2ND STREET
MIAMI FL 33131**

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)

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

**D
WEINKLE, BARNEY
100 S.E. 2ND ST. 2620 NATIONSBANK TOWER
MIAMI FL 33131**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

**11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP**

**21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP**

**31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP**

**41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP**

**51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP**

**61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP**

**71 TITLE
72 NAME
73 STREET ADDRESS
74 CITY-ST-ZIP**

**81 TITLE
82 NAME
83 STREET ADDRESS
84 CITY-ST-ZIP**

**91 TITLE
92 NAME
93 STREET ADDRESS
94 CITY-ST-ZIP**

**101 TITLE
102 NAME
103 STREET ADDRESS
104 CITY-ST-ZIP**

**111 TITLE
112 NAME
113 STREET ADDRESS
114 CITY-ST-ZIP**

**121 TITLE
122 NAME
123 STREET ADDRESS
124 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

Date

Daytime Phone #

CR2E034 (11/98)