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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P97000030794 (6) DOCUMENT # 1. Corporation Name

FAMOUS CHEFS INTERNTIOANAL, INC.

Principal Place of Business

Mailing Address

FILED Apr 20 1998 8:00am Secretary of State



733 N. MAGNOLIA AVE. Orlando fl 32803		733 N. MAGNOLIA AVE. ORLANDO FL 32803	733 N. MAGNOLIA AVE. ORLANDO FL 32803		DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualified 04/04/1997		
2. Principal P	face of Business	2a. Mailing Address			4. FEI Number Applied	For	
21		26			59-3446235 Not App		
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired \$8.75 Addition Fee Require	onai	
City & State	e	City & State			6. Election Campaign Financing \$5.00 May Trust Fund Contribution Added to Fee		
Zip	Country Zip Cour		try	8. This corporation owes or has paid the current year Intangible			
24	25 9. Name and Address of Cur	[29]			Personal Property Tax due June 30. Yes No		
		rent Hegistered Agent			10. Name and Address of New Registered Agent		
	ONE, STEPHEN M			Name	8		
	N. MAGNOLIA AVE. LANDO FL 32803			_	t Address (P.O. Box Number is Not Acceptable)		
			[8	13			
				4 City	FL 85 Zip Code		
OHICE OF I	to the provisions of Sections 607.0 egistered agent, or both, in the St m familiar with, and accept the ob	aie oi ripoga. Such change was a	umanzea	DV IDE COL	d corporation submits this statement for the purpose of changing its regist reporation's board of directors. I hereby accept the appointment as regist	stered ered	
SIGNATURE							
	Signature, typed or ponted name of registered		Registered a	gent signaturi	re required when reinstaling) DATE	i	
12.	The state of the s		13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN		
TITLE			1.1 TITL	E.		Addition 3	
NAME			1.2 NAM	E	Bernd K. Wosgien	la	
STREET ADDRESS					733 Nort'i Magnolia Avenue	ļi.	
CITY-ST-ZIP			1.4 CITY	- S1 - ZIP	Orlando, FL 32803_	8	
TITLE			2.1 TITU		S Change 🔀	Addition C	
NAME			2.2 NAM	E	Manje Delony		
STREET ADDRESS			2.3 STR	ET ADDRESS	TOO. I IDA DIIVO WIUZU		
CITY-ST-ZIP			_	/-ST-ZIP	Orlando, FL 32810		
TITLE	1		3.1 TITL			Addition	
NAME			3.2 NAM		Ruy Rodrigues	İ	
STREET ADDRESS			3.3 STRI	et address	733 North Magnolia Avenue		
CITY+ST-ZIP			3.4. CITY	'-ST-ZIP	Orlando, FL 32803		
TITLE	L DELETE 4:		4.1 11111		Change /	Addition	
NAME			4. 2 NAN	1E			
STREET ADDRESS			4.3 STRE	ET ADDRESS		}	
CITY-ST-ZIP		- Atlant	4.4 CITY				
TITLE			5.1 TITE		☐ Change ☐ #	Addition	
NAME			5.2 NAM				
STREET ADDRESS			5.3 STRE	ET ADDRESS			
CITY-ST-ZIP			5.4 CITY				
TITLE	☐ DELĒTĒ 6.1		6.1 TITLE			ddition	
NAME			62 NAM	E			
STREET ADDRESS			6.3 STRE	ET ADDRESS			
CITY-ST-ZIP	- NEW		6.4 C/TY	- ST - ZIP			

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 supplied enter a supplied enter an 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 corpd ation 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 changing, or on an attachment with an address.