

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**  
**Feb 27, 1999 8:00 am**  
**Secretary of State**

02-27-1999 90060 001 \*\*\*150.00

DOCUMENT # **P97000059043**

1. Corporation Name

CLICK FOOD X.PRESS, INC.

Principal Place of Business

2809 BIRD AVENUE  
SUITE 124  
COCONUT GROVE FL 33133-4668

Mailing Address

2809 BIRD AVENUE  
SUITE 124  
COCONUT GROVE FL 33133-4668

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/08/1997

4. FEI Number

65-0765542

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

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 29 Country

9. Name and Address of Current Registered Agent

MATLIN, BRIAN  
2809 BIRD AVENUE  
SUITE 124  
COCONUT GROVE FL 33133-4668

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

TITLE DT  
NAME MATLIN, BRIAN  
STREET ADDRESS 2809 BIRD AVENUE  
CITY-ST-ZIP COCONUT GROVE FL 33133-4668 ☒ DELETE

TITLE D  
NAME MATLIN, JORDON S  
STREET ADDRESS 7890 CORAL WAY  
CITY-ST-ZIP MIAMI FL 33165 ☐ DELETE

TITLE DVP  
NAME METZ, DEWAYNE  
STREET ADDRESS 2809 BIRD AVENUE  
CITY-ST-ZIP COCONUT GROVE FL 33133-4668 ☐ DELETE

TITLE DP  
NAME KRISS, FRED  
STREET ADDRESS 2809 BIRD AVENUE  
CITY-ST-ZIP COCONUT GROVE FL 33133-4668 ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

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 ☐ Change ☐ Addition

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP ☐ Change ☐ Addition

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP ☐ Change ☐ Addition

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP ☐ Change ☐ Addition

5.1 TITLE TREASURER ☐ Change ☒ Addition  
5.2 NAME LUZ COTIERREZ  
5.3 STREET ADDRESS 2809 BIRD AVE #124  
5.4 CITY-ST-ZIP MIAMI FL 33133

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

Date

Daytime Phone #

1-29-99

305-2675838

CR2E034 (11/98)

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