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

DOCUMENT # P97000073964 (3)

MIRAMAR EATERY, INC.

FILED May 01 1998 8:00am Secretary of State



Principal Place of Business Mailing Address 11331 N.W. 5TH STREET 11331 N.W. 5TH STREET PLANTATION FL 83325 PLANTATION FL 33325 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 08/27/1997 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For Not Applicable 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Zip Country Country Ζiρ 8. This corporation owes or has paid the current year Intangible Yes 29 30 Personal Property Tax due June 30. 24 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 FILINGS, INC. 3732 N.W. 16TH STREET 82 FT. LAUDERDALE FL 33311-4132 83 84 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. Silvestno OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. Change Addition DELETE 1.1 TITLE TITLE NAME **SILVESTRO, ANTONIO** 1.2 NAME 11331 N.W. 5TH STREET 1.3 STREET ADDRESS STREET ADDRESS PLANTATION FL 33325 1.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 2.1 TITLE TITLE SILVESTRO, JOSEPHINE 2.2 NAME NAME 11331 N.W. 5TH STREET 2.3 STREET ADDRESS STREET ADDRESS PLANTATION FL 33325 2.4 CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change DELETE 3.1 TITLE TITLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4 CITY-ST-ZIP Change Addition DELETE 4.1 Title TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - ST- ZIP CITY-ST-ZIP DELETE 6.1 TITLE Change Addition TITLE NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

14. Thereby 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.