

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
May 06, 1999 8:00 am
Secretary of State

05-06-1999 90018 017 ***150.00

DOCUMENT # P97000091392 ✓

1. Corporation Name

DIVINA RESTAURANT, INC.

Principal Place of Business

Mailing Address

210 23RD ST.
MIAMI BEACH,
FLORIDA 33139

SAME



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

2. Principal Place of Business

2a. Mailing Address

21 210 23RD ST.

26 SAME

4. FEI Number

Applied For

65-0789721

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired ☐

\$8.75 Additional

Fee Required

22 City & State

27 City & State

6. Election Campaign Financing

\$5.00 May Be

Added to Fees

23 MIAMI BEACH FL

28

8. This corporation owes the current year Intangible

Personal Property Tax.

☒ Yes ☐ No

24 33139 25 USA

29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

→ SONIA LYN
3134 SHERIDAN AVE
MIAMI BEACH, FL 33140

81 Name

N/A * PLS CHECK YOUR RECORDS

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

TO BE SURE THIS INFO

83

IS UP TO DATE WITH CHANGES

84 City

SUBMITTED PREVIOUSLY

FL

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME SAM HAKMAN ☐ DELETE
STREET ADDRESS 3134 SHERIDAN AVE
CITY-ST-ZIP MIAMI BEACH, FL 33140

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

PRESIDENT & SECRETARY ☐ Change ☒ Addition

TITLE D
NAME SONIA LYN ☐ DELETE
STREET ADDRESS 3134 SHERIDAN AVE
CITY-ST-ZIP MIAMI BEACH, FL 33140

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

VICE PRESIDENT & TREASURER ☐ Change ☒ Addition

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

☐ Change ☐ Addition

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

☐ Change ☐ Addition

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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 #

4/21/99 305 604 1468

CR2E034 (1/98)