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PROFIT
CORPORATION
ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9700094529 (9)

CHEF AIDE, INC.

FILED Apr 28 1998 8:00am Secretary of State



Principal Place of Business Mailing Address 8765 S.W. 132 STREET 8765 S.W. 132 STREET **MIAMI FL 33176** MIAMI FI 33176 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 11/04/1997 2. Principal Place of Business 2a. Mailing Address Applied For 7381 NW. 3544. 7381 NW. 3544 STREET STREET 65-0801120 Not Applicable 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 MAMI FL. MIAMI, 23 Trust Fund Contribution Added to Fees Country Country Zip Zip 8. This corporation owes or has paid the current year Intangible USA 24 38/22 USA 35122 ☐ Yes Personal Property Tax due June 30. 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name STRATTON, DOUGLAS D ESQ. 407 LINCOLN ROAD Street Address (P.O. Box Number is Not Acceptable) SUITE 2A 83 MIAMI BEACH FL 33139 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) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. Change DELETE Addition TITLE 1.1 TITLE PRESIDENT RIOS, JOSE **1.2 NAME** NAME RIOS, 1066 D. **6765 S.W. 132 STREET** STREET ADDRESS 1.3 STREET ADDRESS 7381 N.W. 8544 STREET **MIAMI FL 33176** CITY-ST-ZIP 1.4 CITY-ST-ZIP MIAMI, FL. 38122 DELETE Change Addition 2.1 TiTLE TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS 2. 4 CITY-ST-ZIP CITY-ST-ZIP 3.1 TITLE DELETE ☐ Change Addition TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY - ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 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 roceiver 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, if on an attachment with an address.

CIONATURE.

1058 D.Rios

4/20/48

305-640-9747