

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 24, 1999 8:00 am  
Secretary of State

02-24-1999 90151 003 \*\*\*150.00

DOCUMENT # P98000008884

1. Corporation Name

I LOVE YOU MIAMI CAFETERIA, CORP.

Principal Place of Business

8150 SW 8TH STREET  
BAY NO. 115  
MIAMI FL 33144-4264

Mailing Address

8150 SW 8TH STREET  
BAY NO. 115  
MIAMI FL 33144-4264

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/28/1998

4. FEI Number

65-0807781

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 8500 NW 8th St.

Suite, Apt. #, etc.

22 302

City & State

23 MIAMI, FL.

Zip

24 33126

Country

2a. Mailing Address

26 8500 NW 8th St.

Suite, Apt. #, etc.

27 302

City & State

28 MIAMI, FL.

Zip

29 33126

Country

30

9. Name and Address of Current Registered Agent

CARRILLO, CARIDAD  
8150 SW 8TH STREET  
BAY NO. 115  
MIAMI FL 33144-4264

10. Name and Address of New Registered Agent

81 Name

CARRILLO, CARIDAD

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

8500 NW 8th St. #302

83

84 City

MIAMI

FL

85 Zip Code

33126

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

01/19/99

12. OFFICERS AND DIRECTORS

TITLE PT ☐ DELETE

NAME CARRILLO, CARIDAD  
STREET ADDRESS 8500 NW 8 ST, NO 302  
CITY-ST-ZIP MIAMI FL 33144-4264

TITLE VS ☐ DELETE

NAME GUNN, AIMEE  
STREET ADDRESS 2021 SW 4TH STREET  
CITY-ST-ZIP MIAMI FL 33135

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

8500 NW 8th St. #302  
MIAMI, FL. 33126

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

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 REQUIRED

01/19/99 (305) 265-0837

CR2E034 (1/98)