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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000019131

PHONE CHEFS OF BROWARD COUNTY, INC

May 04, 1999 8:00 am Secretary of State

05-04-1999 90052 003 ***150.00



Principal Place	e of Business	Mailing Address			I DI DI I I I I I I I I I I I I I I I I	INCAN NON TORI
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FEWDRONE FIN	120 12 00024	TEMPHONE TINCO TE GODET		DO NOT WRITE IN 1	HIS SPACE	
	• • •			 Date Incorporated or Qualified 02/27/1998 		
2. Principal P	lace of Business	2a. Mailing Address		4 FFI Number	(Apr	olied For
21		26 9075 S.W	87 AUE	65-0820785	Not	Applicable
Suite, Apt.	#, etc	Suite, Apt. #, etc.	<u> </u>		\$8.75 A	dditional
22		27 STE # 402		5. Certificate of Status Desired	Fee Re	quired
City & State	6	City & State		6. Election Campaign Financing	\$5.00	May Be
23		28 MIAMI, F	- L	Trust Fund Contribution	Added to	Fees
Zip	Country	Zip	Country	8. This corporation owes the current year		_
24	25	29 33176 3	DADE	Personal Property Tax.		□No
4	· 9. Name and Address of Current	Registered Agent		10. Name and Address of New Registe	red Agent	
"\ • T∩D/	ON OUR		81 Name	GUS A. TOBON		
- Tobon, Gus 7915 Pines Boulevard				ress (P.O. Box Number is Not Acceptable)		
	BROKE PINES FL 33024			9075 5 W 87 AU	<u> </u>	
		,	83	StE # 402)		j
	Congress of Association		84 City		85 Zip C	/
44 Disable at		and 607.1509. Elerida Statutos		Coration submits this statement for the purpos	FL 33	
office or n	to the provisions of Sections 607.0502 registered agent, or both in the State of	t and 607.1506, Florida Statutes of Florida. Such change was auth	, the above-hamed corporation	oration submits this statement for the purpos on's board of directors. I hereby accept the a	ppointment as reg	gistered
agent. I a	m familiar with and accept the obligation	tons of, Section 607.0505, Florid	la Statutes.	-	11-100	i
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SIGNATURE	Xus H. Tal	11/2 PRESIDEN	[▼		1/28/14	
SIGNATURE	Signature, yped or printed name of registered agent	and title if applicable. (NOTE: R	egistered Agent signature require	ed when reinstating) DAT	128/19	
SIGNATURE	Signature, yped or printed name of registered agent OFFICERS AND	and title if applicable. O DIRECTORS	egistered Agent signature require	ed when reinstating) ADDITIONS/CHANGES TO OFFICER:	128/19	
SIGNATURE 12. TITLE	Signature, speed or printed name of registered agent OFFICERS AND	and title if applicable. (NOTE: R	egistered Agent signature require 13. 1.1 TITLE	ed when reinstating) DAT	AND DIRECTOR	RS IN 12
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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 receive 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: