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

DOCUMENT # P98000024080

1. Corporation Name

COHENY ISLAND CATERING, INC.

Principal Place of Business

Mailing Address

2250 NE 199TH STREET AVENTURA FL 33180 2250 NE 199TH STREET AVENTURA FL 33180

FILED May 05, 1999 8:00 am Secretary of State

05-05-1999 90145 035 ***150.00



DO NOT WRITE IN THIS SPACE

						Ī	3. Date Incorporated or Qualifed			
							03/13/1998			3-1
2. Principal Pl	lace of Business	2a.≃Mailir	ng Address		1005	-	4. FEI Number		├ ─┼┈∸	oplied For
21 35L	5 NW 17th AUE	26		NE	1770		65 0843 624			ot Applicable
Suite, Apt. i	#, etc. DATTAH FLORIDA	— h '\	Apt. #, etc.	RA F	·		5. Certifcate of Status Desired			Additional equired
City & State	2 11(1)	28 City (State	1876	U.S.	A	Election Campaign Financing Trust Fund Contribution		•	May Be to Fees
23 5519 Zip	Country	ر (28 ک Zip	7,00	Cour			8. This corporation owes the curr	ent vear intar		
·	25	29		30	,	j	Personal Property Tax.		□Yes	MN o
24	g. Name and Address of Curre		Agent		~_		10. Name and Address of New F	legistered A	gent	
	3. 114.114				81 Name	Oan	alada Dobach	7)		
PRAVATO, RICHARD P					00 000	Y ICP	10 Por Alember in Not Assent	- Add		
621 S. FEDERAL HIGHWAY #2					82 Street	7777	s (P.O. Box Number is Not Accepta	JUC		
FT. L	AUDERDALE FL 33301			Ì	83	20-				
•	,			ļ						 _
					84 CHCL	- 10	uda dali	FL	85 Zig	2316
	to the provisions of Sections 607.05	E02 and 607 150	ne Elorida St	atutes the at	NOVE PROPERTY	comor	ation submits this statement for the	nurnose of c	hanging its	registered_
office or re	egistered agent, or both, in the State	e of Florida, Suc	ch change wa	is authorized.	DV.the.compo	oration	's board of directors. I hereby accep	ot the appoint	ment as re	gistered
agent. l a	m familiar with, and accept the oblig	jations of, Sectle	on 607:0505,	Florida Statu	tes.					
SIGNATURE								DATE		
	Signature, typed or printed name of registered ag	gent and title if applicated AND DIRECTOR		OTE: Registered	Agent signature re	ednined A	ADDITIONS/CHANGES TO OF		DIRECTO	DRS IN 12
12.		IND DIRECTOR	DELETE	13.) E	₩ -		IOCKO AND	PM Change	Addition
TITLE	D ADAM		C DECENE	1.2 NA		Y C (HEN, Adam J. 250, NE 1995t			_
NAME	COHEN, ADAM				·- \	2	2 50 NE 199 St;			
STREET ADDRESS	2250 NE 199 STREET				REET ADDRESS	2	ENTUKA, F1.3319	110-10-	la	
CITY-ST-ZIP	AVENTURA FL 33180		- 1060000		Y-ST-ZIP	13 V	SMIMME PI. 221	<u>, , , , , , , , , , , , , , , , , , , </u>	Change	Addition
TITLE	D		DELETE	2.1 T/T	1				Change	[], 10011011
NAME	SALOMON, GEORGE		•	2.2 NA						
STREET ADDRESS	2250 NE 199 STREET				REET ADDRESS					
CITY-ST-ZIP	AVENTURA FL 33180									
TITLE	MARITICIST LE COTO				Y-ST-ZIP	n.			Channe	e Jan Addition
, ,,,	V		☐ DELETE			P	2 - an archael		☐ Change	Addition Addition
NAME	V		☐ DELETE		LE.	1	Jan Parlan l		☐ Change	Addition
	V		□ DELETE	3.1 TIT	LE.	1			☐ Change	Addition
NAME	V			3.1 TW 3.2 NA 3.3 STI 3.4 CR	LE ME	A.	Jackston l			
NAME STREET ADDRESS	V		☐ DELETE	3.1 TW 3.2 NA 3.3 STI 3.4 CR	LE ME REET ADDRESS TY+ST-ZIP	A L			☐ Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP	1			3.1 TW 3.2 NA 3.3 STI 3.4 CR	NE ME REET ADDRESS TY-ST-ZIP	A CONTRACTOR				
NAME STREET ADDRESS CITY-ST-ZIP TITLE	V			3.1 TTT 3.2 NA 3.3 STI 3.4 CR 4.1 TTT 4.2 NA	NE ME REET ADDRESS TY-ST-ZIP	1				
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	V			3.1 TTT 3.2 NA 3.3 STI 3.4 CR 4.1 TIT 4.2 NA 4.3 STI	LE ME REET ADDRESS TY-ST-ZIP LE WAE	1				
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME				3.1 TIT 3.2 NA 3.3 STI 3.4 CT 4.1 TIT 4.2 NA 4.3 STI 4.4 CT 4.4 CT	LE ME REET ADDRESS IY-ST-ZIP LE NME REET ADDRESS IY-ST-ZIP	1				
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE			☐ DELETE	3.1 TIT 3.2 NA 3.3 STI 3.4 CT 4.1 TIT 4.2 NA 4.3 STI 4.4 CT 4.4 CT	LE ME REET ADDRESS IY-ST-ZIP LE NAE REET ADDRESS IY-ST-ZIP LE	The state of the s			☐ Change	. Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME			☐ DELETE	3.1 TIT 3.2 NA 3.3 STI 3.4 CIT 4.1 TIT 4.2 NA 4.3 STI 4.4 CIT 5.1 TIT 5.2 NA	LE ME REET ADDRESS IY-ST-ZIP LE NAE REET ADDRESS IY-ST-ZIP LE	1			☐ Change	. Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS			☐ DELETE	3.1 TIT 3.2 NA 3.3 STI 3.4 CTI 4.1 TIT 4.2 NA 4.3 STI 4.4 CTI 5.2 NA 5.3 STI	ME REET ADDRESS IY-ST-ZIP LE NAME REET ADDRESS IY-ST-ZIP LE ME	1			☐ Change	. Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME			☐ DELETE	3.1 TIT 3.2 NA 3.3 STI 3.4 CTI 4.1 TIT 4.2 NA 4.3 STI 4.4 CTI 5.2 NA 5.3 STI 5.4 CTI 5.4 CTI	LE ME REET ADDRESS IY-ST-ZIP LE NME REET ADDRESS IY-ST-ZIP LE ME ME REET ADDRESS IY-ST-ZIP	1			☐ Change	☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE THE THE THE THE THE THE THE THE THE TH	TAGENTAL AND		☐ DELETE	3.1 TIT 3.2 NA 3.3 STI 3.4 CTI 4.1 TIT 4.2 NA 4.3 STI 4.4 CTI 5.2 NA 5.3 STI 5.4 CTI 5.4 CTI	ME REET ADDRESS IY-ST-ZIP LE REET ADDRESS IY-ST-ZIP LE ME REET ADDRESS IY-ST-ZIP LE ME REET ADDRESS IY-ST-ZIP	· Lac			☐ Change	☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME TREET ADDRESS CITY-ST-ZIP TITLE NAME	THE AUDIT OF THE SECOND		☐ DELETE	3.1 TTT 3.2 NA 3.3 STT 3.4 CTT 4.2 NA 4.3 STT 4.4 CTT 5.2 NA 5.3 STT 5.4 CTT 6.2 NA	ME REET ADDRESS IY-ST-ZIP LE REET ADDRESS IY-ST-ZIP LE ME REET ADDRESS IY-ST-ZIP LE ME REET ADDRESS IY-ST-ZIP	La contract of the contract of			☐ Change	. Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE THE THE THE THE THE THE THE THE THE TH	TAGENTAL AND		☐ DELETE	3.1 TTT 3.2 NA 3.3 STT 3.4 CT 4.1 TTT 4.2 NA 4.3 STT 4.4 CT 5.2 NA 5.3 STT 5.4 CT 6.1 TTT 6.2 NA 6.3 STT	ME REET ADDRESS TY-ST-ZIP LE REET ADDRESS TY-ST-ZIP LE ME REET ADDRESS TY-ST-ZIP LE ME REET ADDRESS TY-ST-ZIP LE ME REET ADDRESS TY-ST-ZIP LE				☐ Change	☐ Addition

14. I hereby certify that the information supplied with this filing does not quality for the exemption stated in Section 119.07(3)(), Florida Statuties. 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 Statuties; 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

SNATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/29/99

305-705-0390