

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  
Apr 29, 1999 8:00 am  
Secretary of State

04-29-1999 90272 050 \*\*\*150.00

DOCUMENT # P98000036586

1. Corporation Name

BISTRO INTERNATIONAL, INC.



Principal Place of Business

2720 ANDERSON ROAD  
CORAL GABLES FL 33134

Mailing Address

2720 ANDERSON ROAD  
CORAL GABLES FL 33134

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/22/1998

4. FEI Number

65-0829957

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 3050 BISCAYNE BLVD

2a. Mailing Address

26 3050 BISCAYNE BLVD.

Suite, Apt. #, etc.

22 SUITE 105

Suite, Apt. #, etc.

27 SUITE 105

City & State

23 MIAMI, Florida

City & State

28 MIAMI, Florida

Zip

24 33137

Country

25 U.S.A.

Zip

29 33137

Country

30 U.S.A.

9. Name and Address of Current Registered Agent

ABBASSI, MIKE  
2720 ANDERSON ROAD  
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name

MARIA CECILIA FLEURIEL

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

5200 S.W. 59 AVENUE

83

84 City

MIAMI

FL

85 Zip Code

33155

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 *Maria C. Fleuriel*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

04/28/99

12. OFFICERS AND DIRECTORS

TITLE PVD ☒ DELETE  
NAME ABBASSI, MIKE  
STREET ADDRESS 2720 ANDERSON ROAD  
CITY-ST-ZIP CORAL GABLES FL 33134

TITLE STD ☒ DELETE  
NAME ABBASSI, JANET  
STREET ADDRESS 2720 ANDERSON ROAD  
CITY-ST-ZIP CORAL GABLES FL 33134

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 PVD ☒ Change ☐ Addition  
1.2 NAME MARIA CECILIA FLEURIEL  
1.3 STREET ADDRESS 5200 S.W. 59 AVENUE  
1.4 CITY-ST-ZIP MIAMI, FL. 33155

2.1 TITLE STD ☒ Change ☐ Addition  
2.2 NAME GUIDO FLEURIEL  
2.3 STREET ADDRESS 5200 S.W. 59 AVENUE  
2.4 CITY-ST-ZIP MIAMI, FL. 33155

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

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

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

6.1 TITLE ☐ Change ☐ Addition  
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: *Maria C. Fleuriel* / MARIA CECILIA FLEURIEL 04/28/99 305-5738985  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)