

02251999-90006-034-\$150.00-\$150.00

019/201

| PROFIT CORPORATION ANNUAL REPORT 1999   |                                   | FLORIDA DEPARTMENT OF STATE<br>Katherine Harris<br>Secretary of State<br>DIVISION OF CORPORATIONS |   |
|---|-----------------------------------|---|---|
| DOCUMENT # P98000039350   |                                   |   |   |
| 1. Corporation Name<br>S&S EATERY, INC.   |                                   |   |   |
| Principal Place of Business<br>1757 NE 2ND AVENUE<br>MIAMI FL 33132   |                                   | Mailing Address<br>1757 NE 2ND AVENUE<br>MIAMI FL 33132   |   |
| 2. Principal Place of Business  |                                   | 2a. Mailing Address   |   |
| 21  | Suite, Apt. #, etc.               | 26  | Suite, Apt. #, etc.   |
| 22  | City & State                      | 27  | City & State  |
| 23  | Zip                               | 28  | Zip   |
| 24  | Country                           | 29  | Country   |
| 9. Name and Address of Current Registered Agent   |                                   | 10. Name and Address of New Registered Agent  |   |
| KLEIN, RAYMOND A<br>1757 NE 2ND AVENUE<br>MIAMI FL 33132  |                                   | 81 Name<br>82 Street Address (P.O. Box Number is Not Acceptable)<br>83<br>84 City<br>85 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 _____ DATE _____  |                                   |   |   |
| (NOTE: Registered Agent signature required when re-issuing)   |                                   |   |   |
| 12. OFFICERS AND DIRECTORS  |                                   | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12   |   |
| TITLE   | D <input type="checkbox"/> DELETE | 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME  | KLEIN, RAYMOND A                  | 1.2 NAME  |   |
| STREET ADDRESS  | 102 SOUTH HIBISCUS DRIVE          | 1.3 STREET ADDRESS  |   |
| CITY-ST-ZIP   | MIAMI BEACH FL 33139              | 1.4 CITY-ST-ZIP   |   |
| TITLE   | D <input type="checkbox"/> DELETE | 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME  | VILA, MARIA A                     | 2.2 NAME  |   |
| STREET ADDRESS  | 14825 NE 2ND AVENUE               | 2.3 STREET ADDRESS  |   |
| CITY-ST-ZIP   | NORTH MIAMI FL 33161              | 2.4 CITY-ST-ZIP   |   |
| TITLE   | <input type="checkbox"/> DELETE   | 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME  |                                   | 3.2 NAME  |   |
| STREET ADDRESS  |                                   | 3.3 STREET ADDRESS  |   |
| CITY-ST-ZIP   |                                   | 3.4 CITY-ST-ZIP   |   |
| TITLE   | <input type="checkbox"/> DELETE   | 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME  |                                   | 4.2 NAME  |   |
| STREET ADDRESS  |                                   | 4.3 STREET ADDRESS  |   |
| CITY-ST-ZIP   |                                   | 4.4 CITY-ST-ZIP   |   |
| TITLE   | <input type="checkbox"/> DELETE   | 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME  |                                   | 5.2 NAME  |   |
| STREET ADDRESS  |                                   | 5.3 STREET ADDRESS  |   |
| CITY-ST-ZIP   |                                   | 5.4 CITY-ST-ZIP   |   |
| TITLE   | <input type="checkbox"/> DELETE   | 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME  |                                   | 6.2 NAME  |   |
| STREET ADDRESS  |                                   | 6.3 STREET ADDRESS  |   |
| CITY-ST-ZIP   |                                   | 6.4 CITY-ST-ZIP   |   |

SIGNATURE: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAN 19, 1999 305-992-3291

Day

Daytime Phone #

CR2034 (11/98)