

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jul 14, 1999 8:00 am
Secretary of State

07-14-1999 90016 031 ***550.00

07-14-1999 90016 032 *****8.75

DOCUMENT # P98000081188

1. Corporation Name

LE GRIOT RESTAURANT, INC.

Principal Place of Business

**19510 NORTHWEST 7TH AVE.
MIAMI FL 33169**

Mailing Address

**19510 NORTHWEST 7TH AVE.
MIAMI FL 33169**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/18/1998

2. Principal Place of Business

975 NE 125TH

2a. Mailing Address

17935 NE 9TH PL

4. FEI Number

65-0864 327

Applied For

☐ Not Applicable

Suite, Apt. #, etc.

NORTH MIAMI, FL 33161

Suite, Apt. #, etc.

N. MIAMI BCH, FL 33162

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

City & State

City & State

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

Zip

Country

Zip

Country

8. This corporation owes the current year
Intangible Personal Property.

☐ Yes ☐ No

24

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CHARLES JOSUE ASTREL
17935 NORTHEAST 9TH PLACE
NORTH MIAMI BEACH FL 33162**

81 Name

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

83

84 City

FL

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 understand the obligations of, section 607.0505, Florida Statutes.

SIGNATURE

Signature of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

07-01-99

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

**NAME: BLANC, MARIE JOSUE
STREET ADDRESS: 19510 NORTHWEST 7TH AVENUE
CITY-ST-ZIP: MIAMI FL 33169**

1.1 TITLE

**1.2 NAME: M JOSUE ASTREL
1.3 STREET ADDRESS: 17935 NE 9TH PL
1.4 CITY-ST-ZIP: N. MIAMI BCH, FL 33162**

☐ Change ☒ Addition

TITLE

**NAME: VP
BLANC, RENEE
STREET ADDRESS: 19510 NORTHWEST 7TH AVE.
CITY-ST-ZIP: MIAMI FL 33169**

2.1 TITLE

**2.2 NAME:
2.3 STREET ADDRESS:
2.4 CITY-ST-ZIP:**

☐ Change ☐ Addition

TITLE

**NAME: ST
MANIGAT, HUGUETTE J
STREET ADDRESS: 19510 NORTHWEST 7TH AVE.
CITY-ST-ZIP: MIAMI FL 33169**

3.1 TITLE

**3.2 NAME:
3.3 STREET ADDRESS:
3.4 CITY-ST-ZIP:**

☐ Change ☐ Addition

TITLE

**NAME: M JOSUE, ASTREL CHARLES
STREET ADDRESS: 17935 NE 9TH PL
CITY-ST-ZIP: NORTH MIAMI BCH FL 33162**

4.1 TITLE

**4.2 NAME:
4.3 STREET ADDRESS:
4.4 CITY-ST-ZIP:**

☐ Change ☐ Addition

TITLE

**NAME:
STREET ADDRESS:
CITY-ST-ZIP:**

5.1 TITLE

**5.2 NAME:
5.3 STREET ADDRESS:
5.4 CITY-ST-ZIP:**

☐ Change ☐ Addition

TITLE

**NAME:
STREET ADDRESS:
CITY-ST-ZIP:**

6.1 TITLE

**6.2 NAME:
6.3 STREET ADDRESS:
6.4 CITY-ST-ZIP:**

☐ Change ☐ Addition

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 a statement of change.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

JOSUE ASTREL CHARLES

07-01-99 (305) 892 2118

CR2E034 (5/99)