**PROFIT** CORPORATION ANNUAL REPORT 1999



## FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State

**DIVISION OF CORPORATIONS** 

## FILED Apr 01, 1999 8:00 am Secretary of State 04-01-1999 90093 014 \*\*\*150.00

DOCU!	MENT # P98000	089669	•		
v. oorporador	MERICAN-RESTAURANTS IN			× >	
المتالية المتالية	METROŽIMITEO I MODIZIMI OSTI	10.			
Principal Place	o of Business	Mailing Address		- I IONY IONA HAD ABTORY CONTRACTORY CONTRACTORY SAFATI	LEGICO CULLO SULLO JORN LEAN
17040 COLUNS		17040 COLLINS AVE.			
MIAMI BEACH		MIAMI BEACH FL 33130		DO NOT INDITE IN THIS SP	A O E
				DO NOT WRITE IN THIS SPA	
				3. Date Incorporated or Qualifed	
<u> </u>		2a. Mailing Address		10/20/1998 4. FEI Number	Applied For
and thinopart lace of bookings			65-0888685.	Not Applicable	
Suite, Apt. #, etc. Suite, Apt. #, e		Suite, Apt. #, etc.		5. Certificate of Status Desired	8.75 Additional
27		27		5. Certificate of Status Desired	Fee Required
City & State			1	\$5.00 мау Ве	
23 28				Trust Fund Contribution	Added to Fees
Zip Country Zip		<del></del>	Country 8. This corporation owes the current year Intangible		
24	25		<u> </u>	Personal Property Tax.  10. Name and Address of New Registered Age	
ļ	9. Name and Address of Currer	II Kedistaran waan	81 Name	To. Ratio dire reasons of the same	
SOL	IS DE DIAZ, MARIA				
8410 WEST FLAGLER ST. SUTIE 208			82 Street Addr	ess (P.O. Box Number is Not Acceptable)	
MIAMI FL 33144			83		
İ					5 Zip Code
			84 City		1
=1.1.=Pursuent	to the provisions of Sections 607-050	2.and:607.1508; Florida Statutes	the above named corp	oration submits this statement for the purpose of cha on's board of directors. I hereby accept the appointment	nging its registered
office or r	egistered agent, or both, in the State in familiar with, and accept the obliga	of Florids: Such change was aut tions of, Section 607.0505, Florid	nonzeo by the corporational la Statutes.	MIS DOURG OF CHECKIS. I HOTEDY BECOME TO appoint	
SIGNATURE		<i></i>			
Signature, typed or printig harne of registered agent and title if applicable. (NOTE: Re			legistered Agent signature required  13.	ADDITIONS/CHANGES TO OFFICERS AND D	DIRECTORS IN 12
12.	STP / OFFICERS AN	DELETE	1.1 TILE -		Change Addition
NAME	SOLIS DE DIAZ, MARIA	<del>_</del>	12 NAME		<del>3</del>
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CITY-ST-ZIP	ANASH DEACH EL COACO		1.4 CITY-ST-ZIP		
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STREET ADDRESS			33 STREET ADDRESS	•	
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III/E		□ nerese	4.2 NAME		
NAME			••		·
STREET ADDRESS			4.3 STREET ADDRESS		
TITLE		DELETE	4.4 CITY-ST-ZIP 5.1 TITLE		Change Addition
NAME			5.2 NAME		) ;
STREET ADDRESS			5.3 STREET ADDRESS	•	
CITY-ST-ZIP			SACRY-ST-ZIP	·	7- · ·
TITLE			A A TITLE	· —	Change
[	•	☐ DELETE	6.1 TITLE	L	
NAME		☐ DELETE	6.2 NAME	_	
STREET ADDRESS		C) DELETE			
ŀ			6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-51-ZIP	andon 110 07/2V/3 Elorida Statutos I further certify	

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 unter 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: \_

GNATURE REQUIRED