

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

DOCUMENT # **P98000089819**

1. Corporation Name

RESTO CONCEPTS INC.

Principal Place of Business

549 NE 95TH ST.
MIAMI SHORES FL 33138

Mailing Address

549 NE 95TH ST.
MIAMI SHORES FL 33138

FILED
Aug 02, 1999 8:00 am
Secretary of State

08-02-1999 90004 007 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/21/1998

4. FEI Number

65-0871601

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. ☐ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

24

Country

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

29

Country

30

9. Name and Address of Current Registered Agent

ROSSETTI, JOHN C
549 NE 95TH ST.
MIAMI SHORES FL 33138

10. Name and Address of New Registered Agent

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 accept the obligations of, section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD** ☐ DELETE

NAME **ROSSETTI, JOHN C**

STREET ADDRESS **549 NE 95TH ST.**
CITY-ST-ZIP **MIAMI SHORES FL 33138**

TITLE **VD** ☐ DELETE

NAME **ROBERT, DIANE J**

STREET ADDRESS **549 NE 95TH ST.**
CITY-ST-ZIP **MIAMI SHORES FL 33138**

TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

CITY-ST-ZIP ☐ DELETE

TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

CITY-ST-ZIP ☐ DELETE

TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME ☐ Change ☐ Addition

1.3 STREET ADDRESS ☐ Change ☐ Addition

1.4 CITY-ST-ZIP ☐ Change ☐ Addition

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME ☐ Change ☐ Addition

2.3 STREET ADDRESS ☐ Change ☐ Addition

2.4 CITY-ST-ZIP ☐ Change ☐ Addition

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME ☐ Change ☐ Addition

3.3 STREET ADDRESS ☐ Change ☐ Addition

3.4 CITY-ST-ZIP ☐ Change ☐ Addition

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME ☐ Change ☐ Addition

4.3 STREET ADDRESS ☐ Change ☐ Addition

4.4 CITY-ST-ZIP ☐ Change ☐ Addition

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME ☐ Change ☐ Addition

5.3 STREET ADDRESS ☐ Change ☐ Addition

5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME ☐ Change ☐ Addition

6.3 STREET ADDRESS ☐ Change ☐ Addition

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 an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-29-99

Date

305-759-6406

Daytime Phone #

CR2E034 (5/99)

Resto Concepts Inc.

P98000089819
599395-90004-7
549 NE 95th Street
Miami Shores, Florida 33138

Phone 305-759-6406
Fax 305-759-1139

July 29, 1999

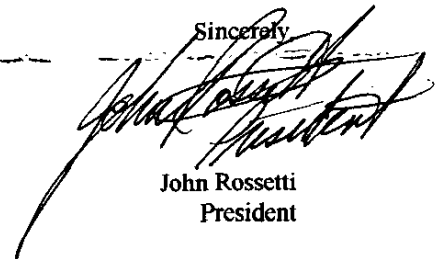
Florida Department of State
Division of Corporations
PO Box 1500
Tallahassee Florida 32302-1500

Dear Secretary of State,

Enclosed is check #1173 for \$150.00, covering the charges for the State of Florida Annual Reports Filing fee for Document # P98000089819. I send this to you with apologies on behalf of myself and my partner. We are first time "incorporators" being guided by a business consultant whom instructed us that the initial filing which was done 10/21/98 covers any filing requirements for a year. Unfortunately, our business plans fell through causing us to no longer need the services of this consultant until we find the proper business opportunity for ourselves in the future. We are now handling all of our own corporation filings at this point. I can tell you what a surprise it was to receive this official filing notice from your office stipulating that this is a second notice requiring a fee of this amount. I immediately called the number listed and asked for assistance from the customer service representative named Jo. She was a delight to speak to as she explained to me the proper procedure for filing in the future. I explained to Jo my situation and told her that I had never been sent a first form therefore, I do not understand why I am sent a second notice with a much higher fee. Not to mention the above explained preinformed idea that we had from our consultant. Jo instructed me that I should send the filing in with a letter of explanation and a check for the original filing fee amount immediately. Jo did inform me that you may not accept this as reason but felt that it was important for me to explain my situation thoroughly to help in assessing the dilemma I feel I am now in due to misinformation as well as not having received a prior filing notice. For these reasons, I ask that you accept this check as full payment on behalf of myself and my partner and assure you that we will not be of any further challenges to your department in our future business endeavors. Once again, we sincerely apologize for any inconveniences that this delay may have caused your office.

Please feel free to call me for any questions that you may have.

Sincerely,



John Rossetti
President