FILE NOW: FILING FEE AFTER MAY 1ST IS $550.00

PROFIT CORPORATION ANNUAL REPORT

~~1998~~ 1999

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
99 MAY 14 AM 9:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000105609

1. Corporation Name: Coalas Grill, Inc.

Principal Place of Business: 1090 Homestead Blvd. Homestead, FL 33030

Mailing Address: 2519 SW 30th Ave. Ft. Lauderdale, FL 33312

(Document will be returned to this address.)

2. Principal Place of Business
21 Suite Apt. # (if any)
22 City & State
23 Zip / 24 County

2a. Mailing Address
26 Suite Apt. # (if any)
27 City & State
28 Zip / 29 County

3. Date of Incorporation or Qualification: 12.24.98

4. FEI Number: 65-0883662 — Applied For / Not Applicable

5. Check if Address of Registered Office Changed ☐ — $8.75 Additional Fee Required

6. Check if Corporation Has Any Real Property ☐ — $5.00 May Be Added to Fees

8. Has the corporation ever had the current year listing the Property Tax Identification Number? ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

Jacqueline Jones
2519 SW 30th Ave.
Ft. Lauderdale, FL 33312

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number Not Acceptable)
83
84 City — FL — 85 Zip Code

11. Pursuant to the provisions of Section 607.0505, 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. To the best of my knowledge and belief, the information provided herein is true. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE: Jacqueline Jones — 4-30-99

12. OFFICERS AND/OR DIRECTORS

TITLE	DP
NAME	Jacqueline Jones
STREET ADDRESS	2519 SW 30th Ave.
CITY-ST-ZIP	Ft. Lauderdale, FL 33312

☐ DELETE

13. ADDITIONAL CHANGES TO OFFICERS AND/OR DIRECTORS IN 12

☐ Change ☐ Add

200002887782. 5
-05/26/99 -01105--009
****150.00 ****150.00

5/14/99

14. I hereby certify that the information indicated on this report or supplemental requirement 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 entry.

SIGNATURE: Jacqueline Jones — 4-30-99 — 954-255-8885

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/97)