

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # S18050

1. Corporation Name

CERTIFIED RESTAURANT SERVICES, INC.

Principal Place of Business

7500 B NW 8TH ST
MIAMI FL 33126
US

Mailing Address

7500 B NW 8TH ST
MIAMI FL 33126
US

2. Principal Place of Business

21 7850 N.W. 62 Street

Suite, Apt. #, etc.

22

City & State

23 Miami, Florida

Zip

24 33166

Country

25

2a. Mailing Address

26 7850 N.W. 62 Street

Suite, Apt. #, etc.

27

City & State

28 Miami, Florida

Zip

29 33166

Country

30

9. Name and Address of Current Registered Agent

RIVERA, LUIS E.
15059 S.W. 62ND STREET
MIAMI FL 33193

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/29/1990

4. FEI Number

65-0230992

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 Tax.

☐ Yes

☒ No

10. Name and Address of New Registered Agent

81 Name

Beatriz V. Rivera

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

7850 N.W. 62 Street

83

84 City

Miami

FL

85 Zip Code

33166

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

BEATRIZ V. RIVERA

DATE

1/27/99

12. OFFICERS AND DIRECTORS

TITLE PSD ☒ DELETE

NAME RIVERA, LUIS E

STREET ADDRESS 15059 S.W. 62ND STREET

CITY-ST-ZIP MIAMI FL

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

PSD

Change ☒ Addition

1.2 NAME

BEATRIZ V. RIVERA

1.3 STREET ADDRESS

7850 N.W. 62 Street

1.4 CITY-ST-ZIP

Miami, FL 33166

2.1 TITLE

☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
BEATRIZ V. RIVERA

1/27/99

Date

(305) 500-9411

Daytime Phone #

CR2E034 (11/98)