PROFIT CORPORATION ANNUAL REPORT

1999

2. Principal Place of Susiness

City & State

Suite, Apt. #, etc.

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FLORIDA DEPARTMENT OF STATE Kathering Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # S48218

CARIBBEAN DELIGHT RESTAURANT, INC.

Principal Place of Business Mailing Address 236 NE 1ST AVE 236 NE 1ST AVE MIAMI FL 33132 MIAMI FL 33132

2a. Mailing Address

Suite, Apt. #, etc.

City.& State

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Mar 01, 1999 8:00 am **Secretary of State**

03-01-1999 90151 040 ***150.00

•	DO NOT WRITE IN	I THIS SPACE				
	Incorporated or Qualifed 25/1991					
	Number	Applied For				
65-	0254980	Not Applicable				
	ifcate of Status Desired	\$8.75 Additional				

Fee Required

\$5:00 May Be

Zip Code

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28 **Trust Fund Contribution** Added to Fees Country Zip Country This corporation owes the current year Intangible □No ☐ Yes 25 30 Personal Property Tax. 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name WHYTE, DALE Street Address (P.O. Box Number is Not Acceptable); 82 3751 NW 197TH TER CAROL CITY FL 33055 83

6. Election Campaign Financing

11. Pursuant to the provisions of Sections 607.0502 and 807.1508, 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.

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City

SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE									
12.			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1		RS IN 12				
TITLE	PD	DELETÉ	1.1 TITLE		☐ Change	Addition			
NAME	WHYTE, CAROL		1.2 NAME		• •	3			
STREET ADDRESS			1.3 STREET ADDRESS		,				
CITY-ST-ZIP	CAROL CITY FL		14 CTY-ST-ZIP			&			
TITLE	STD	[] DELETE	2.1 TITLE		☐ Change	Addition C			
NAME	WHYTE, DALE		22 NAME	•	•	1			
STREET ADDRESS			23 STREET ADDRESS		•	t			
CITY-ST-ZIP	CAROL CITY FL		2.4 CITY-ST-ZIP		<u>. </u>				
TITLE		DELETE	3.1 TITLE	-	☐ Change	Addition			
NAME			3.2 NAME			l.			
STREET ADORESS	<u> </u>		3.3 STREET ADDRESS						
CITY-ST-ZIP			3.4. CITY-ST-ZIP		<u>:</u>				
TITLE		DELETE	4.1 TITLE		☐ Change	Addition			
NAME			4.2 NAME	· ·		1			
STREET ADDRESS			4.3 STREET ADDRESS		•	Į.			
CITY-ST-ZZP			44 CITY-ST-ZIP		<u> </u>				
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NAME) , , , , , , , , , , , , , , , , , , ,		ŠŽNAME	,	. 5	_ }			
STREET ACCRESS			5.3 STREET ADDRESS						
CITY-ST-ZIP	·		5.4 CITY-ST-ZP						
TIFLE		DELETE	6.1 TITLE	1	Change	☐ Addition			
NAME .			82 NAME			(
STREET ADDRESS			6.3 STREET ADDRESS		2	1			
CITY-ST-ZIP			64 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 suppliemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that 1 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: _

Raid Whote. SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR