

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **V10122** (2)

1. Corporation Name

RENI'S CATERING SERVICE, INC.



Principal Place of Business

**2415 PONCE DE LEON
CORAL GABLES FL 33134**

Mailing Address

**2415 PONCE DE LEON
CORAL GABLES FL 33134**

3. Date Incorporated or Qualified
01/27/1992

3a. Date of Last Report
04/27/1995

2. Principal Place of Business

2a. Mailing Address

310 CATALONIA AVE

4. FEI Number
65-0310192

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 has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Coral Gables FL

Zip Country

Zip Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MARTINI, JOHN, JR.
2415 PONCE DE LEON
CORAL GABLES FL 33134**

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 of person to produce this statement to the Department of State

Signature of Registered Agent

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	☐ DELETE
NAME	MARTINI, RENI	
STREET ADDRESS	310 CATALONIA AVENUE	
CITY - ST - ZIP	CORAL GABLES FL	
TITLE	S	☐ DELETE
NAME	MARTIN, ANGELA	
STREET ADDRESS	310 CATALONIA AVENUE	
CITY - ST - ZIP	CORAL GABLES FL	
TITLE	D	☐ DELETE
NAME	MARTINI, JOHN	
STREET ADDRESS	301 CATALONIA AVENUE	
CITY - ST - ZIP	CORAL GABLES 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		

13.

1. TITLE	☐ Change ☐ Addition
12. NAME	
13. STREET ADDRESS	
14. CITY - ST - ZIP	☐ Change ☐ Addition
2. TITLE	☐ Change ☐ Addition
22. NAME	
23. STREET ADDRESS	
24. CITY - ST - ZIP	☐ Change ☐ Addition
3. TITLE	☐ Change ☐ Addition
32. NAME	
33. STREET ADDRESS	
34. CITY - ST - ZIP	☐ Change ☐ Addition
4. TITLE	☐ Change ☐ Addition
42. NAME	
43. STREET ADDRESS	
44. CITY - ST - ZIP	☐ Change ☐ Addition
5. TITLE	☐ Change ☐ Addition
52. NAME	
53. STREET ADDRESS	
54. CITY - ST - ZIP	☐ Change ☐ Addition
6. TITLE	☐ Change ☐ Addition
62. NAME	
63. STREET ADDRESS	
64. CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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

4/28/96 446-0925

CR2E034 (12/95)