FILED .FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 **PROFIT** Feb 18 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # (2)TIFFY'S CATERING INC. Principal Place of Business Mailing Address 1721 SW 87TH AVE 1721 SW R7TH AVE MIRAMAR FL 33025 MIRAMAR FL 33025 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 05/22/1992 2. Principal Place of Business 2a, Mailing Address 4. FEI Number Applied For 65-0375634 26 Not Applicable Suite, Apt #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Country Zip Country Zip 8. This corporation owes or has paid the current year Intangible 24 30 25 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent LEAHONG, RICHARD Name 1721 SW 87TH AVE Street Address (P.O. Box Number is Not Acceptable) MIRAMAR FL 33025 84 City 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, typed or pointed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. DELETE ☐ Change ___ Addition TITLE LEAHONG, RICHARD NAME 1.2 NAME 1721 SW 87TH AVE 1.3 STREET ADDRESS STREET ADDRESS MIRAMAR FL 1.4 CITY-ST-ZIP CITY-ST-ZIP Change DELETE 2.1 TITLE Addition TITLE LEAHONG, BEVERLY NAME 2.2 NAME 1721 SW 87TH AVE STREET ADDRESS 2.3 STREET ADDRESS MIRAMAR FL CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE 41 TITLE Change Addition TITLE 4. 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition 5 1 TITLE TITLE

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 supplied with this limit does not quality for the exemptors stated in Section 119-07 (3)), Florida Statutes. Indicated on this annual report or supplied entities 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 truther empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changes, or or an attachment with an address

GNATURE:

What I was a supplemental armount report is true and accurate and that my signature shall have the same legal effect as if middle under oath; that I am an officer or director of the corporation or the receiver or truther empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changes, or or an attachment with an address

5.2 NAME

6.1 TITLE

6.2 NAME

DELETE

53 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

SIGNATURE:

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP

Change

Addition