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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # V47380 1. Corporation Name

GOURMET GOURMET OF CORAL GABLES, INC.

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Principal Place	of Rusiness	Mailing Address					ESSI DIBIL ON	û th mimit gyart mi	THE PORT HER
•		P.O. BOX 822603				1			
210 VALENCIA AVE CORAL GABLES FL 33134		SOUTH FLORIDA FL 33082							
US US		US				DO NOT WRITE IN THIS SPACE			
						3. Date Incorporated or Qualifed			1
i						07/01/1992 4. FEI Number			olied For
	ace of Business	2a. Mailing Address				65-0342893		_ 	Applicable
21	4 -1-	Suite, Apt. #, etc.				00 0042090		\$8.75 A	
Suite, Apt. :	#, etc	—				5. Certifcate of Status Desired		Fee Re	
City & State	Δ	City & State				6. Election.Campaign Financing		\$5.00	May Re
23	Marian San San San San San San San San San S	28	* ** **		,	Trust Fund Contribution		Added to	
Zip	Country	Zip	Cor	untry		8. This corporation owes the curre	nt year Inta	engible	
24	25	29	30			Personal Property Tax.			□No
	9. Name and Address of Currer	nt Registered Agent				10. Name and Address of New Re	gistered /	Agént	
				81	Name				
	G, JOSE T.			82	Street A	ddress (P.O. Box Number is Not Acceptat	ole)		
	VALENCIA AVE.		4						
COR	AL GABLES FL 33134			83					
				84	City			85 Zip C	Code
	•				•		<u> </u>	<u></u>	
11. Pursuant	to the provisions of Sections 607.050	22 and 607.1508, Florida St	atutes, the a	above-r	named c	orporation submits this statement for the pation's board of directors. I hereby accept	ourpose of the appoin	changing its ntment as rec	registered distered
office of re	egistered agent, or both, in the State m familiar with, and accept the obliga	ations of, Section 607.0505,	Florida Sta	tutes.	ie corpor	and its board of an oute, o. Thereby desept		•	,
SIGNATURE	•								
0,0,0,0,0,									
	Signature, typed or printed name of registered age			d Agent s	signature rec	juired when reinstating)	DATE ICEDS AN	D DIRECTO	DC IN 12
12.	OFFICERS AN	ND DIRECTORS	13.	,	signature rec	puired when reinstating) ADDITIONS/CHANGES TO OFF			
12. TITLE	OFFICERS AND		13.	TILE	signature rec			D DIRECTO	RS IN 12
12. TITLE NAME	OFFICERS AND SANG, JOSE T.	ND DIRECTORS	13. 1.1 T 1.2 M	TILE IAME					
12. TITLE NAME STREET ADDRESS	OFFICERS AND SANG, JOSE T. 4913 SW 135 CT	ND DIRECTORS	13. 1.1 T 1.2 M 1.3 S	TITLE HAME STREET A	DORESS				
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DESANG, JOSE T. 4913 SW 135 CT MIAMI FL	ND DIRECTORS	13. E 1.1 T 1.2 M 1.3 S 1.4 C	TITLE HAME STREET A	DORESS			Change	Addition
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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.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

Apr 16, 1999 8:00 am Secretary of State

04-16-1999 90097 006 ***150.00