

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

CORPORATION ANNUAL REPORT 1995	 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

DOCUMENT # 317618 (7)

95 JAN 13 AM 10:14

1. Corporation Name
M & D RESTAURANTS, INC.

Principal Place of Business 5555 COLLINS AVENUE APARTMENT 9F MIAMI BEACH FL 33140	Mailing Address 5555 COLLINS AVENUE APARTMENT 9F MIAMI BEACH FL 33140
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 06/07/1967	3a. Date of Last Report 01/24/1994
4. FEI Number 59-1195897	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	

2. Principal Place of Business	2a. Mailing Address
21. State, Apt. #, etc.	26. State, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country

9. Name and Address of Current Registered Agent LUIS F. DE LA CRUZ, JR. 241 SEVILLA AVE. SUITE 805 CORAL GABLES FL 33134	10. Name and Address of New Registered Agent <table border="1"> <tr><td>81. Name</td></tr> <tr><td>82. Street Address (P.O. Box Number is Not Acceptable)</td></tr> <tr><td>83.</td></tr> <tr><td>84. City</td></tr> <tr><td>85. Zip Code</td></tr> </table>	81. Name	82. Street Address (P.O. Box Number is Not Acceptable)	83.	84. City	85. Zip Code
81. Name						
82. Street Address (P.O. Box Number is Not Acceptable)						
83.						
84. City						
85. Zip Code						

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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:

Appropriate Agent or principal officer of registered agent and this signature

PROX. Registered Agent signature required when registering

(SEE)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. TITLE	P	1.1 TITLE	☐ Change ☐ Addition
2. NAME	MEJUTO, GLADYS	1.2 NAME	
3. STREET ADDRESS	5555 COLLINS AVE. APT 9-F	1.3 STREET ADDRESS	
4. CITY, ST, ZIP	MIAMI BCH FL	1.4 CITY, ST, ZIP	
5. TITLE		2.1 TITLE	☐ Change ☐ Addition
6. NAME		2.2 NAME	
7. STREET ADDRESS		2.3 STREET ADDRESS	
8. CITY, ST, ZIP		2.4 CITY, ST, ZIP	
9. TITLE		3.1 TITLE	☐ Change ☐ Addition
10. NAME		3.2 NAME	
11. STREET ADDRESS		3.3 STREET ADDRESS	
12. CITY, ST, ZIP		3.4 CITY, ST, ZIP	
13. TITLE		4.1 TITLE	☐ Change ☐ Addition
14. NAME		4.2 NAME	
15. STREET ADDRESS		4.3 STREET ADDRESS	
16. CITY, ST, ZIP		4.4 CITY, ST, ZIP	
17. TITLE		5.1 TITLE	☐ Change ☐ Addition
18. NAME		5.2 NAME	
19. STREET ADDRESS		5.3 STREET ADDRESS	
20. CITY, ST, ZIP		5.4 CITY, ST, ZIP	
21. TITLE		6.1 TITLE	☐ Change ☐ Addition
22. NAME		6.2 NAME	
23. STREET ADDRESS		6.3 STREET ADDRESS	
24. CITY, ST, ZIP		6.4 CITY, ST, ZIP	

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(6)(b), Florida Statutes. I further certify that the information included 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. I am an officer or director of this 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 of this report, or on any additions with my address.

SIGNATURE:

Gladys Mejuto
BRANDABLE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-9-95-(305)6352303
Date