FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 317618

(7)

M & D RESTAURANTS, INC.

FILED
Jan 17 1997 8:00am
Secretary of State

|--|

Principal Place	e of Business	Mailing Address	aling Address					5.5 5.5		
5555 COLLINS AVENUE APARTMENT B-F MIAMI BEACH FL 33140		5555 COLLINS AVENUE APARTMENT 9-F MIAMI BEACH FL 33140-2								
						3. Date Incorporated or Qualified 06/07/1967		te of Last F 23/1996	Report	
	lace of Business	2a. Mailing Address	-			4, FEI Number			pplied For	
21	Д	26				59-1195897		· · · · · · · · · · · · · · · · · · ·	ot Applicable	
Suite, Apt.		27	Suite, Apt. #, etc.			5. Certificate of Status Desired			Additional equired	
City & State 23	9	City & State	City & State			6. Election Campaign Financing	6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees			
Zip	Country Zip Cou			rv						
24	25 29 30			•		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No				
	g. Name and Address of Curr	rent Registered Agent				10. Name and Address of New Re	gistered /	gent		
	F. DE LA CRUZ, JR.		81	1 1	Name					
241 SEVILLA AVE. SUITE 805				2 5	Street Addre	ess (P.O. Box Number is Not Acceptab	le)			
	AL GABLES FL 33134		83	3	· · · · · · · · · · · · · · · · · · ·		· • · · · · · · · · · · · · · · · · · ·			
			84	4 (City		pre 3	85 Zip	Code	
							<u>FL</u>			
office or ri	egistered agent of both in the Sta	ate of Florida. Such change was	authorized b	N/th	iamed corp ne corporati	oration submits this statement for the p ion's board of directors. I hereby accep	urpose of It the app	changing i pintment as	its registered s registered	
agent. La	m familiar with, and accept the ob	ligations of, Section 607.0505, Fl	lorida Statute	es.	·					
SIGNATURE										
	Signature, typed or printed name of registered	agent and tice if applicable (NO AND DIRECTORS		gent s	signature require	ed when reinstating)	DATE			
12.	P	DELETE	13. 1.1 TITLE		r	ADDITIONS/CHANGES TO OFFIC	ERS AND	☐ Change	RS IN 12 Addition	
NAME	MEJUTO, GLADYS	DILLIL						Change	Addition	
STREET ADDRESS 5555 COLLINS AVE.APT 9-F			1.2 NAME		DECOA					
	MIAMI BCH FL		1.3 STREE							
CITY-ST-ZIP TITLE	mban boil i	DELETE	1.4 CITY - 2.1 TITLE		(IP			Change	Addition	
NAME	C Section							Change	ADDRION	
STREET ADDRESS			2.2 NAME 2.3 STREE		Darec					
CITY-ST-ZIP					l l	9				
THILE		DELETE	2. 4 CITY- 3.1 TITLE		ZIP			Change	Addition	
NAME			3.2 NAME					Ondrige		
STREET ADORESS			3.3 STREE		UBESS					
CITY-ST-ZIP			3.4. CITY-		į					
TITLE		☐ DELETE	4.1 TITLE		E.P			Change	Addition	
NAME		<u> </u>	4. 2 NAMI							
STREET ADDRESS			4.3 STREE		DHESS					
CITY-ST-ZIP		1	4.4 CITY-							
TITLE		DELETE	5 1 TITLE					Change	Addition	
NAME		—	5.2 NAME							
STREET ADDRESS			5.3 STREE		DRESS					
CITY-ST-ZIP			5.4 CITY-							
TITLE		DELETE	6.1 TITLE					Change	Addition	
NAME			6.2 NAME			•				
STREET ADDRESS			6.3 STREE		DRESS					
CITY-ST-ZIP			6.4 CITY-							
	ov certify that the information supp	lied with this filing does not need			 	in Section 119 07/31(i) Florida Statutes	Liturthor	cortifu that	l tho	

4. I do nereby 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 frustee 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 or an attachment with application.

SIGNATURE

1-8-97

(305) 8660432