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Secretary of State

PROFIT CORPORATION ANNUAL REPORT

1997

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

DOCUMENT # **L33424** **(7)**

1. Corporation Name
MEESTER MIKE'S OF CORAL GABLES, FL

Principal Place of Business	Mailing Address
C/O ARTHUR J BENSON 13501 SW 84 AVE CORAL GABLES FL 33156	% ARTHUR J BESON & ASSOCIATES 12374 SW 82ND AVE MIAMI FL 33156-5223 US

3. Date Incorporated or Qualified: 12/04/1989
3a. Date of Last Report: 04/10/1996

2. Principal Place of Business
21 C/o Benson, Creasman + Co
Suite, Apt. #, etc.
22 12374 SW 82 Ave
City & State
23 Miami Fla
Zip 24 33156 Country 25 Dade

2a. Mailing Address
26 c/o Benson, Creasman + Co
Suite, Apt. #, etc.
27 12374 SW 82 Ave
City & State
28 Miami, FL 33156
Zip 29 33156 Country 30 Dade

4. FEI Number: 65-0157232 ☐ 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

9. Name and Address of Current Registered Agent

GERALD CREASMAN
12374 SW 82 AVENUE
MIAMI FL 33156

10. Name and Address of New Registered Agent

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 607.1509, 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 _____ DATE
Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD	☐ DELETE	11 TITLE	☒ Change ☐ Addition
NAME	ZDEBIAK, , MICHAEL		12 NAME	
STREET ADDRESS	PO BOX 808 NA		13 STREET ADDRESS	12374 SW 82 Avenue
CITY-ST-ZIP	TORONTO, CANADA		14 CITY-ST-ZIP	Miami, FL 33156
TITLE	VP	☒ DELETE	21 TITLE	☐ Change ☐ Addition
NAME	LAVALLIE, LAURIE		22 NAME	
STREET ADDRESS	C/O BENSON & ASSOC. 12374 S.W. 82 AVE		23 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL		24 CITY-ST-ZIP	
TITLE		☐ DELETE	31 TITLE	☐ Change ☐ Addition
NAME			32 NAME	
STREET ADDRESS			33 STREET ADDRESS	
CITY-ST-ZIP			34 CITY-ST-ZIP	
TITLE		☐ DELETE	41 TITLE	☐ Change ☐ Addition
NAME			42 NAME	
STREET ADDRESS			43 STREET ADDRESS	
CITY-ST-ZIP			44 CITY-ST-ZIP	
TITLE		☐ DELETE	51 TITLE	☐ Change ☐ Addition
NAME			52 NAME	
STREET ADDRESS			53 STREET ADDRESS	
CITY-ST-ZIP			54 CITY-ST-ZIP	
TITLE		☐ DELETE	61 TITLE	☐ Change ☐ Addition
NAME			62 NAME	
STREET ADDRESS			63 STREET ADDRESS	
CITY-ST-ZIP			64 CITY-ST-ZIP	

CR2E034 (9/96)

14. I do 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.

SIGNATURE: _____ 2/21/97 305 238 8063
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #