

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 PM 1:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **M61641** (0)

1. Corporation Name
MAPPY RESTAURANT, INC.

Principal Place of Business: **1390 OCEAN DR. MIAMI BEACH FL 33139**
Mailing Address: **1390 OCEAN DR. MIAMI BEACH FL 33139**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	3a. Date of Last Report
10/28/1987	05/01/1994
4. FEI Number	Applied For
65-0013367	Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
7. This corporation has adopted the revised rules of order of 1993 (YES)	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
8. This corporation has adopted the revised rules of order of 1993 (FLORIDA STATUTES)	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes

2. Principal Officer or Director	2a. Mailing Address
21. State Apt. # etc.	26. State Apt. # etc.
22. City & State	27. City & State
23. City & State	28. City & State
24. City & State	29. City & State
25. City & State	30. City & State

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
PEREZ, MAPPY 1390 OCEAN DR. MIAMI BEACH FL 33139	B1. Name
	B2. Street Address (P.O. Box Number, Not Applicable)
	B3. City
	B4. City FL B5. Zip Code

11. Pursuant to the provisions of Sections 607.02(2) and 607.02(3) 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 607.02(3), Florida Statutes.

SIGNATURE: _____ (Print Name and Title of Registered Agent or the Corporation) (If this is a new Agent registration request also include) (A1)

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12	
NAME	PD PEREZ, MAPPY 1390 OCEAN DR. MIAMI BEACH FL	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		2. NAME	
CITY & STATE		3. STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4. CITY & STATE	
STREET ADDRESS		5. NAME	
CITY & STATE		6. STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		7. CITY & STATE	
STREET ADDRESS		8. NAME	
CITY & STATE		9. STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		10. CITY & STATE	
STREET ADDRESS		11. NAME	
CITY & STATE		12. STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		13. CITY & STATE	
STREET ADDRESS		14. NAME	
CITY & STATE		15. STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		16. CITY & STATE	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and that I am qualified to file this information as stated in this report as required by Florida Statutes. I further certify that the information is true and correct as the person required by supplemental provisions of law and regulations 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 appointed to receive the report as required by Chapter 607, Florida Statutes, and that my name appears in the report as the person who is changing the information furnished with this filing.

SIGNATURE: *Mappy Perez* - MAPPY PEREZ
PRINTED NAME OF SIGNER OR DIRECTOR

4/19/95 362 9135