

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P93000085405 (7)**

1. Corporation Name
ONE WORLD RESTAURANT, INC.



Principal Place of Business
**62 N.E. 109TH STREET
NORTH MIAMI FL 33161**

Mailing Address
**21 ALMERIA AVE.
CORAL GABLES FL 33143
US**

2. Principal Place of Business
21 **21 ALMERIA AVE.**

22 Suite, Apt. #, etc.

23 City & State
CORAL GABLES, FL

24 Zip **33143** 25 Country **US**

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified **12/14/1993** 3a. Date of Last Report **05/01/1995**

4. FEI Number **65-0491441** 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

**AKEN, NORMAN VAN
62 N.E. 109TH STREET
NORTH MIAMI FL 33161**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable) **4960 J.W. 95 COURT**
83
84 City **MIAMI** FL 85 Zip Code **33165**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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. Thereby, and by its appointment as registered agent, I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE *[Signature]* as President of the **One World Restaurant Assoc. LTD.** 5.17.96

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	AKEN, NORMAN VAN	
STREET ADDRESS	62 N.E. 109TH STREET	
CITY - ST - ZIP	N. MIAMI FL 33161	
TITLE	VSTD	<input type="checkbox"/> DELETE
NAME	SAYET, MARSHA	
STREET ADDRESS	741 SAN BRUNO	
CITY - ST - ZIP	CORAL GABLES FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	Van Aken, Norman
13 STREET ADDRESS	4960 J.W. 95 COURT
14 CITY - ST - ZIP	MIAMI, FL 33165
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY - ST - ZIP	

14. I do hereby certify that the information submitted with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information disclosed 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, its receiver, or trustee; and that I am executing this report as required by Chapter 672, Florida Statutes, and that my name appears in Block 12 or Block 13 or changed, on an attachment with an addendum.

SIGNATURE: *[Signature]* as President of the **One World Restaurant Assoc. LTD.** 5.17.96

CR2E034 (12/95)