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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR -7 AM 11:49

DOCUMENT # P94000031975 (3)

1. Corporation Name
NORTHEAST RESTAURANT CORP.

Principal Place of Business	Mailing Address
8761 PERIMETER PARK BLVD. SUITE 201 JACKSONVILLE FL 32216	8761 PERIMETER PARK BLVD. SUITE 201 JACKSONVILLE FL 32216

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 04/27/1994
3a. Date of Last Report: N/A

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

4. FEI Number: 59-3241988 ☐ 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

CORPORATION INFORMATION SERVICES INC.
1201 HAYS ST.
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name: FARZIN DARABI
82 Street Address (P.O. Box Number is Not Acceptable): 8761 PERIMETER PARK BLVD
83: STE 201
84 City: JACKSONVILLE FL 85 Zip Code: 32216

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. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Farzin Darabi 1/10/95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	PD ☒ Change ☐ Addition
NAME	DARABI, FARZIN	1.2 NAME	
STREET ADDRESS	8761 PERIMETER PARK BLVD., SUITE 201	1.3 STREET ADDRESS	169 ELEVENTH ST
CITY-ST-ZIP	JACKSONVILLE FL 32216	1.4 CITY-ST-ZIP	ATLANTIC BEACH, FL 32233
TITLE		2.1 TITLE	VD ☐ Change ☒ Addition
NAME		2.2 NAME	DARABI, FRANK
STREET ADDRESS		2.3 STREET ADDRESS	5519 NW 91ST. BLVD
CITY-ST-ZIP		2.4 CITY-ST-ZIP	GAINESVILLE, FL 32601
TITLE		3.1 TITLE	STD ☐ Change ☒ Addition
NAME		3.2 NAME	PARTOW, RAMIN
STREET ADDRESS		3.3 STREET ADDRESS	336 ELEVENTH ST.
CITY-ST-ZIP		3.4 CITY-ST-ZIP	ATLANTIC BEACH, FL 32233
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Farzin Darabi PRESIDENT 1/10/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (Optional Phone #)

COR1R06 CP