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Asset Protection
Business and Taxation Planning
Probate Administration
Trusts and Estate Planning

August 4, 1997

Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314


RE: GIGI'S TAVERN INC.

Ladies\Gentlemen:

Please find enclosed a Statement of Change Of Registered Agent form along with the thirty-five (\$35.00) filing fee.

Should you require any additional information, please contact me.

Sincerely,


Karen M. Sciarretta
KMS\pd
enclosure

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

See 8/18

R.A. change

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, the undersigned corporation organized under the laws of the State of Florida submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1a. The name of the corporation is: GIGI'S TAVERN, INC.

1b. The mailing address of the corporation is : 433 Plaza Real, Suite 275, Boca Raton, FL 33432

1c. Date of incorporation: _____ Document number: P96000008168

2. The name and address of the current registered agent and office:
H. Larry Vozzo
185 N.W. Spanish River Blvd. Suite 110
Boca Raton, FL 33431-4230

3. The name and address of the new registered agent and office:(P.O. Box Not Acceptable)
Steven Sciarretta, Esq.
2300 Glades Road Suite 302E
Boca Raton, FL 33431

The street address of its registered office and the street address of the business office of its registered agent, as changed, will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board.

[Signature] 8-4-97
(Signature of an officer, chairman or vice chairman of the board) (Date)
Karl Alterman, President
(Printed or typed name and title)

Having been named as registered agent and to accept service of process for the above stated corporation, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent.

[Signature] 8-4-97
(Signature of Registered Agent) (Date)
If signing on behalf of an entity:

STEVEN A. SCIARRETTA Registered Agent
(Typed or Printed Name) (Capacity)