

FILED
Jun 08, 2000 8:00 am
Secretary of State

05-04-2000 90110 041 ***150.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
 Katharine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **P98000071779**

1. Corporation Name
SUBWAY 19786 INC

Principal Place of Business: Mailing Address
9060 S. DIXIE HWY
MIAMI FLORIDA 33152

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified: **10/1/90**

4. FEI Number: **65-0857302** Applied For: Not Applicable:

5. Certificate of Status Desired: \$9.75 Additional Fee Required:

6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees

8. This corporation owes the current year intangible Personal Property Tax: Yes No

Principal Place of Business: Suite, Apt. # etc. City & State: **MIAMI** Zip: **33152**

2a. Mailing Address: Suite, Apt. # etc. City & State: **MIAMI** Zip: **33152**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

I, 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.

OFFICERS AND DIRECTORS		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
<p>11. TITLE V-PRES</p> <p>12. NAME IDRII MYSOLOWA</p> <p>13. STREET ADDRESS 11401 PINE ISLAND DR PEMBROKE PINES FL 33142</p> <p>14. CITY, ST, ZIP PEMBROKE PINES FL 33142</p> <p><input type="checkbox"/> DELETE</p>	<p>15. TITLE PRES</p> <p><input type="checkbox"/> Change <input type="checkbox"/> Addition</p>	<p>16. NAME</p> <p>17. STREET ADDRESS</p> <p>18. CITY, ST, ZIP</p>	<p><input type="checkbox"/> Change <input type="checkbox"/> Addition</p>
<p>11. TITLE PRES</p> <p>12. NAME MONTA ELO KARIN</p> <p>13. STREET ADDRESS 3001 BOGOTA AVE COOPER CITY FL 33016</p> <p>14. CITY, ST, ZIP COOPER CITY FL 33016</p> <p><input type="checkbox"/> DELETE</p>	<p>15. TITLE VICE PRES</p> <p><input type="checkbox"/> Change <input type="checkbox"/> Addition</p>	<p>16. NAME</p> <p>17. STREET ADDRESS</p> <p>18. CITY, ST, ZIP</p>	<p><input type="checkbox"/> Change <input type="checkbox"/> Addition</p>
<p>11. TITLE V-PRO</p> <p>12. NAME MONTA ELO KARIN</p> <p>13. STREET ADDRESS 3001 BOGOTA AVE COOPER CITY FL 33016</p> <p>14. CITY, ST, ZIP COOPER CITY FL 33016</p> <p><input type="checkbox"/> DELETE</p>	<p>15. TITLE SECRETARY</p> <p><input type="checkbox"/> Change <input type="checkbox"/> Addition</p>	<p>16. NAME</p> <p>17. STREET ADDRESS</p> <p>18. CITY, ST, ZIP</p>	<p><input type="checkbox"/> Change <input type="checkbox"/> Addition</p>
<p><input type="checkbox"/> DELETE</p>	<p><input type="checkbox"/> Change <input type="checkbox"/> Addition</p>	<p>16. NAME</p> <p>17. STREET ADDRESS</p> <p>18. CITY, ST, ZIP</p>	<p><input type="checkbox"/> Change <input type="checkbox"/> Addition</p>

I hereby certify that the information supplied with this form 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, with all other like empowered

SIGNATURE: *Monta ELO KARIN*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
MONTA ELO KARIN

[Signature]