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

APPROVED AND FILED
95 MAY -1 PM 4:12
SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # P94000090375 (4)

1. Corporation Name
22 RESTAURANT, INC.

Principal Place of Business	Mailing Address
2200 NW 22ND AVE MIAMI FL 33142	2200 NW 22ND AVE MIAMI FL 33142

400001504464
-06/02/95--01027--022
****200.00 ****200.00
DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/14/1994
3a. Date of Last Report:

2. Principal Place of Business: 21 1036 S.W. 1 ST.
Suite, Apt. # etc.: 22
City & State: 23 MIAMI FLA.
Zip: 24 33130 Country: 25 US.

2a. Mailing Address: 26
Suite, Apt. # etc.: 27
City & State: 28
Zip: 29 Country: 30

4. FEI Number: ID 65-0541055 ☐ 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 [X] Yes ☐ No

9. Name and Address of Current Registered Agent

FLORIDA ANNUAL REPORT SERVICE
1036 SW FIRST ST
MIAMI FL 33130

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

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 [signature] AMADA C. LOPEZ. PRES. 4/27/95

12. OFFICERS AND DIRECTORS

TITLE	DPS
NAME	OBREGON, JAVIER E
STREET ADDRESS	718 SE 8TH ST
CITY-ST-ZIP	HIALEAH FL 33010

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ☐ Change ☐ Addition

D875/26

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: [signature] 10 4/27/95 305) 545-8486
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
JAVIER E OBREGON

0183150 CP