

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
May 09 1997 8:00am
Secretary of State

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| PROFIT CORPORATION ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
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DOCUMENT # 513853 (2)

1. Corporation Name
FOOD SPOT NO. 38 INCORPORATED



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|--|---|
| Principal Place of Business 7901 LUDHAM RD S MIAMI FL 33143 | Mailing Address 7901 LUDHAM RD S MIAMI FL 33143-4538 |
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|--|---|--|---|
| 2. Principal Place of Business 21 7901 LUDLAM RD | 2a. Mailing Address 26 7901 LUDLAM RD | 3. Date Incorporated or Qualified 09/16/1976 | 3a. Date of Last Report 05/01/1996 |
| 22. Suite, Apt. #, etc. | 27. Suite, Apt. #, etc. | 4. FEI Number 59-1691883 | Applied For <input type="checkbox"/> Not Applicable |
| 23. City & State S. MIAMI, FL | 28. City & State S. MIAMI, FL | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees |
| 24. Zip 33143 | 25. Country | 29. Zip 33143 | 30. Country |

| | | | |
|---|------|---|--|
| 9. Name and Address of Current Registered Agent WILNER, BRUCE 7901 LUDLAM RD MIAMI FL 33143 | | 10. Name and Address of New Registered Agent | |
| B1 | Name | B2 | Street Address (P.O. Box Number is Not Acceptable) |
| B3 | | B4 | City |
| | | B5 | 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|---------------------------------|---|---|
| TITLE | <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | D HARRIS, LARRY J | 1.2 NAME | |
| STREET ADDRESS | 7901 LUDHAM RD | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | S MIAMI, FL 00000 | 1.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | V DEUTSCH, ELLIOT J | 2.2 NAME | |
| STREET ADDRESS | 7901 LUDHAM RD | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | S MIAMI, FL 00000 | 2.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | EXVP WILNER, BRUCE S. | 3.2 NAME | |
| STREET ADDRESS | 7901 LUDLAM RD | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | S MIAMI FL | 3.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> 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 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 its 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 an attachment with an address.

SIGNATURE: *Bruce Wilner* 4/8/97 (305) 661-0642

CR2E034 (9/96)