

**2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000096464

**Entity Name:** BURGER KING INTERAMERICA, LLC**Current Principal Place of Business:**5505 BLUE LAGOON DRIVE  
MIAMI, FL 33126**Current Mailing Address:**5505 BLUE LAGOON DRIVE  
MIAMI, FL 33126**FEI Number:** 59-1299022**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:**

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title DIRECTOR & CEO  
Name HEES, BERNARDO  
Address 5505 BLUE LAGOON DRIVE  
City-State-Zip: MIAMI FL 33126

Title DIRECTOR & CFO  
Name SCHWARTZ, DANIEL  
Address 5505 BLUE LAGOON DRIVE  
City-State-Zip: MIAMI FL 33126

Title DIRECTOR, GENERAL COUNSEL &  
SECRETARY  
Name GRANAT, JILL  
Address 5505 BLUE LAGOON DRIVE  
City-State-Zip: MIAMI FL 33126

Title PRINCIPAL ACCOUNTING OFFICER &  
CONTROLLER  
Name FRIESNER, JACKIE  
Address 5505 BLUE LAGOON DRIVE  
City-State-Zip: MIAMI FL 33126

Title ASSISTANT GENERAL COUNSEL &  
ASSISTANT SECRETARY  
Name GILES-KLEIN, LISA  
Address 5505 BLUE LAGOON DRIVE  
City-State-Zip: MIAMI FL 33126

Title CHIEF INFORMATION &  
PERFORMANCE OFFICER  
Name GONCALVES, HEITOR  
Address 5505 BLUE LAGOON DRIVE  
City-State-Zip: MIAMI FL 33126

Title CHIEF MARKETING OFFICER  
Name FAUGERES, FLAVIA  
Address 5505 BLUE LAGOON DRIVE  
City-State-Zip: MIAMI FL 33126

Title VP, TAX  
Name GONZALEZ, ESTHER  
Address 5505 BLUE LAGOON DRIVE  
City-State-Zip: MIAMI FL 33126

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*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** LISA GILES-KLEIN**ASSISTANT SECRETARY 02/20/2013**

Electronic Signature of Signing Authorized Person(s) Detail

Date

**Authorized Person(s) Detail Continued :**

Title	TREASURER
Name	CACERES, BRIAN
Address	5505 BLUE LAGOON DRIVE
City-State-Zip:	MIAMI FL 33126