

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **352273** (7)

1. Corporation Name

BURGER KING INTERAMERICA INC



Principal Place of Business

Mailing Address

17777 OLD CUTLER RD
MIAMI FL 33157

TAX DEPT.- 18X3
200 SOUTH 6TH ST.
MINNEAPOLIS MN 55402

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24 25 29 30

9. Name and Address of Current Registered Agent

**GIRESI, MARK A.
BURGER KING CORPORATION
17777 OLD CUTLER RD.
MIAMI FL 33157**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

3. Date Incorporated or Qualified

09/15/1969

3a. Date of Last Report

04/24/1995

4. FEI Number

59-1299022

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 Yes No

10. Name and Address of New Registered Agent

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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and filed if applicable

Typed Registered Agent signature, printed name and title

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DELETE

1.1 TITLE Change Addition

NAME ADAMSON, JAMES B.
STREET ADDRESS 17777 OLD CUTLER RD.
CITY, ST, ZIP MIAMI FL 33157

CEOD LOWES, ROBERT C.

TITLE VSD DELETE

2.1 TITLE Change Addition

NAME GIRESI, MARK A.
STREET ADDRESS 17777 OLD CUTLER RD.
CITY, ST, ZIP MIAMI FL 33157

3.1 TITLE Change Addition

TITLE AS DELETE

4.1 TITLE Change Addition

NAME JOHNSON, LESLIE R.
STREET ADDRESS 200 S 6 ST
CITY, ST, ZIP MINNEAPOLIS MN

5.1 TITLE Change Addition

TITLE CFDV DELETE

6.1 TITLE Change Addition

NAME COLABUONO, SCOTT L
STREET ADDRESS 17777 OLD CUTLER RD.
CITY, ST, ZIP MIAMI FL 33157

7.1 TITLE Change Addition

TITLE DELETE

8.1 TITLE Change Addition

TITLE DELETE

9.1 TITLE Change Addition

TITLE DELETE

10.1 TITLE Change Addition

TITLE DELETE

11.1 TITLE Change Addition

TITLE DELETE

12.1 TITLE Change Addition

TITLE DELETE

13.1 TITLE Change Addition

TITLE DELETE

14.1 TITLE Change Addition

TITLE DELETE

15.1 TITLE Change Addition

TITLE DELETE

16.1 TITLE Change Addition

TITLE DELETE

17.1 TITLE Change Addition

TITLE DELETE

18.1 TITLE Change Addition

TITLE DELETE

19.1 TITLE Change Addition

TITLE DELETE

20.1 TITLE Change Addition

TITLE DELETE

21.1 TITLE Change Addition

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)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplementary 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 to my address.

SIGNATURE: ASST. SEC. 3/27/96 612 330-4915

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)