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
1995 APR 26 PM 1:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 528407

1. Corporation Name
RESTAURANT PLANNERS INCORPORATED

Principal Place of Business	Mailing Address
12090 SW 3RD ST MIAMI FL.33184	12090 SW 3RD ST MIAMI, FL.33184

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/22/1977
3a. Date of Last Report: 03/10/1994

2. Principal Place of Business
21 425 CAMILO AVE
22 Suite, Apt. #, etc.
23 City & State: CORAL GABLES, FL.
24 Zip: 33134 25 Country: DADE

2a. Mailing Address
26 425 CAMILO AVE
27 Suite, Apt. #, etc.
28 City & State: CORAL GABLES, FL
29 Zip: 33134 30 Country: DADE

4. FEI Number: 59-1722064 ☐ 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

9. Name and Address of Current Registered Agent

RODRIGUEZ, GUILLERMO
4011 W. FLAGLER ST.
SUITE # 403
MIAMI, FL. 33134

10. Name and Address of New Registered Agent

81 Name: OSVALDO NAVARRO, CPA PA
82 Street Address (P.O. Box Number is Not Acceptable): 550 N.W. LE JEUNE RD STE #305
83
84 City: MIAMI, FL. FL 85 Zip Code: 33126

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] 4/17/95
Signature, typewritten name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	P ☐ Change ☐ Addition
NAME	LOPEZ, MARIA CARMEN	12 NAME	LOPEZ, MARIA CARMEN
STREET ADDRESS	12090 S.W. 3RD ST	13 STREET ADDRESS	425 CAMILO AVE
CITY-ST-ZIP	MIAMI, FL. 33134	14 CITY-ST-ZIP	CORAL GABLES, FL.33134
TITLE		21 TITLE	☐ Change ☐ Addition
NAME		22 NAME	200001466902
STREET ADDRESS		23 STREET ADDRESS	-04/27/95--01066--005
CITY-ST-ZIP		24 CITY-ST-ZIP	****200.00 ****200.00
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	2D 4-26
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

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] (MARIA CARMEN LOPEZ) 4/17/95 (305)446-8979
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — (Optional) Phone #