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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996 DOCUMENT #

101

MIAMI RESTAURANTS I			A ARRIVE CHIEF LOIDE HILLE VENE ARRIV	jāji ājāji ājāji ajāji ajāji atāji ajāji ajai; aasi
rincipal Place of Business	Mailing Address			
930 NW 144TH ST MIAMI FL 33168	930 NW 144TH ST MIAMI FL 33168	•		ann ann ainm ann ainm Albu Gibli 1981
			3. Date Incorporated or Qualified	3a. Date of Last Report
Principal Place of Business	2a. Mailing Address		10/13/1980 4. FEI Number	01/25/1995
Suite, Apt. #, etc.	26		59-2029925	Applied For Not Applicable
control of the contro	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
City & State	Orty & State		6. Election Campaign Financing	Fee Required
Zip T Counto	28			\$5.00 May Be Added to Fees
2(F) Country [25]	y 2 ₁ p [29]	Country 30	8. This corporation has liability for in	tangible tax under s. 199.032,
	ss of Current Registered Agent	[30]	Florida Statutes Yes 10. Name and Address of New Re	
		81 Name	THE MAN PARTY OF THE PROPERTY	Sistered WGeUt
GULLO, JOSEPH		82 Street Add	dress (P.O. Box Number is Not Acceptable	
930 NW 144TH ST Miami, Fl				
33168		83		
		84 City		FL 85 Zip Code
withital with and accept the obligation	ons 607,0502 and 607,1508, Norda Statul State of Florida. Such change was authorizations of, Section 607,0505, Florida Statute:	zed by the corporation's boa s.	ard of directors. I hereby accept the appoin	ntment as registered agent. I am
Space Bed or public name of	tions of, Section 607.0505, Florida Statuter	S. DTL: Registered Agent signature require	en whom remailating:	DATE
SNATURE Square based or product names	tions of, Section 607.0505, Florida Statute:	St. DTE: Registered Agent signature require 13.	allegroup. Thoraby accept the appoin	DATE ERS AND DIRECTORS IN 12
SNATURE Standard band or product name of PD GULLO, JOSEPH	itions of, Section 607.0505, Florida Statute: if registered agent are the stands and (No. FRICERS AND DIRECTORS DELETE	S. DTL: Registered Agent signature require	en whom remailating:	DATE
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SIGNATURE:

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/29 Ab 305-685-6156