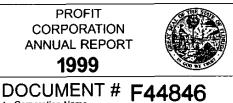
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999

NOVA RESTAURANTS INC.

1. Corporation Name



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED May 06, 1999 8:00 am Secretary of State

05-06-1999 90305 009 *1,050.00

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District Draw of Paris	Mailing Address			
Principal Place of Business 6100 SW 64 TEPR MIAMI FE 33136	P O BOX 43-2720 MIAMI FL 33243 US	DO NOT WRITE IN THIS SPACE		
		3. Date Incorporated or Qualifed 09/14/1981		
2. Principal Place of Business 21 4770 Biscaylu Blvo	2a. Mailing Address	4. FEI Number Applied For 59-2292211 Not Applicable		
Suite, Apt. #, etc. # 1410	Suite, Apt. #, etc.	5. Certifcate of Status Desired See Required Fee Required		
City & State 23 Miami, FL	City & State	6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees		
Zip Country 25 US	Zip Country 29 33 243 -27200	8. This corporation owes the current year Intangible Personal Property Tax. Yes No		
9. Name and Address of Currer		10. Name and Address of New Registered Agent		
CARRERA EMILIO JR	81 Name			

5480 SW 94 TERR MIAMI FL 33156

	10. Name and Address of New Registered Agent						
81	Name						
82	Street Address (P.O. Box Number is Not Acceptable)						
83							
84	City	FL	85	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.

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SIGNATURE	Signature, typed or printed name of registered agent and title if applicable (NOT	E- Registered Agent signature re	equired when reinstating) DATE				
12.	OFFICERS AND DIRECTORS	13,	ADDITIONS/CHANGES TO OFFICERS AND DIREC	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD DELETE	1.1 TITLE	☐ Chan	ge 🔲 Addition			
NAME	CABRERA, EMILIO, JR.	1.2 NAMÉ					
STREET ADDRESS	5480 SW 94TH TERR	1.3 STREET ADDRESS					
CITY-ST-ZIP	MIAMI FL 33156	1.4 CITY-ST-ZIP					
TITLE	ST □ DELETE	2.1 TITLE	☐ Chan	ge 🗌 Addition			
NAME	CABRERA, HILDA I	2.2 NAME		1			
STREET ADDRESS	5480 SW 94TH TERR	2.3 STREET ADDRESS					
CITY-ST-ZIP	MIAMI FL 33156	2. 4 CITY-ST-ZIP					
TITLE	☐ DELETE	3.1 TITLE	☐ Chan	ge 🗌 Addition			
NAME		3.2 NAME					
STREET ADDRESS		3.3 STREET ADDRESS		,			
CITY-ST-ZIP		3.4. CITY-ST-ZIP					
TITLE	☐ DELETE	4.1 TITLE	☐ Chan	ge 🗌 Addition			
NAME		4. 2 NAME					
STREET ADDRESS		4.3 STREET ADDRESS					
CITY-ST-ZIP		4.4 CITY-ST-ZIP					
TITLE	□ OELETE	5.1 TITLE	☐ Chan	ge 🔲 Addition			
NAME		5.2 NAME					
STREET ADDRESS		5.3 STREET ADDRESS					
CITY-ST-ZIP		5,4 CITY-ST-ZIP					
TITLE	☐ DELETE	6.1 TITLE	☐ Chan	ge 🗀 Addition			
NAME		6.2 NAME					
STREET ADDRESS		6.3 STREET ADDRESS					
OUTS/ OT 7ID		6.4 CITY-ST-ZIP					

14. I 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 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, with all other like empowered.

SIGNATURE: