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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 29 PM 6:41

DOCUMENT # **F66997** **(0)**

1. Corporation Name

BEVERLY HILLS CAFE III, INC.

Principal Place of Business	Mailing Address
17850 W DIXIE HIGHWAY N MIAMI BCH FL 33160	17850 W DIXIE HIGHWAY N MIAMI BCH FL 33160

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	3a. Date of Last Report
02/05/1982	03/24/1994

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

4. FEI Number: 59-2175254 — ☐ 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	10. Name and Address of New Registered Agent
PAULL, DAVID 17850 W. DIXIE HIGHWAY ~~BLDG. B~~ NO. MIAMI BCH. FL 33160	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.

SIGNATURE _____ (Signature typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when remailing) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DS	11 TITLE	☐ Change ☐ Addition
NAME	SHULER, JOHN	12 NAME	
STREET ADDRESS	17850 W. DIXIE HIGHWAY	13 STREET ADDRESS	
CITY ST ZIP	N. MIAMI BCH. FL	14 CITY ST ZIP	
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	RICHMAN, SHARON	22 NAME	
STREET ADDRESS	17850 W. DIXIE HIGHWAY	23 STREET ADDRESS	
CITY ST ZIP	N. MIAMI BCH. FL	24 CITY ST ZIP	
TITLE	DVP	31 TITLE	☐ Change ☐ Addition
NAME	FRIEDMAN, KEN	32 NAME	
STREET ADDRESS	3300 WEST ISLAND RD	33 STREET ADDRESS	
CITY ST ZIP	COOPER CITY FL	34 CITY ST ZIP	
TITLE	DP	41 TITLE	☐ Change ☐ Addition
NAME	RICHMAN, MARK	42 NAME	
STREET ADDRESS	17850 W DIXIE HWY	43 STREET ADDRESS	
CITY ST ZIP	N MIAMI BCH FL	44 CITY ST ZIP	
TITLE	DT	51 TITLE	☐ Change ☐ Addition
NAME	PAULL, DAVID	52 NAME	
STREET ADDRESS	17850 W DIXIE HWY	53 STREET ADDRESS	
CITY ST ZIP	N MIAMI BEACH FL	54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
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 added on an attachment with an address.

SIGNATURE: David Paull David Paull 3/16/95 (305) 9318747
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #