

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

FILED

Apr 03 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F66997** (0)  
1. Corporation Name  
**BEVERLY HILLS CAFE III, INC.**

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

Mailing Address  
**17850 W DIXIE HIGHWAY  
N MIAMI BCH FL 33160**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 <b>18500 NE 5th AVE</b>		02/05/1982	
22 City & State		27 <b>2nd Floor</b>		4. FEI Number	
23 Zip		28 <b>N. MIAMI BCH, FL</b>		59-2175254	
24 Country		29 Zip		5. Certificate of Status Desired	
		30 Country		<input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing	
				Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

b. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
PAULL, DAVID 17850 W. DIXIE HIGHWAY N. MIAMI BCH. FL 33160 <b>18500 NE 5th AVE N. MIAMI BCH, FL 33179</b>		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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DS	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHULER, JOHN	1.2 NAME	
STREET ADDRESS	17850 W. DIXIE HIGHWAY	1.3 STREET ADDRESS	<b>18500 NE 5th AVE</b>
CITY-ST-ZIP	N. MIAMI BCH. FL	1.4 CITY-ST-ZIP	<b>N. MIAMI BCH, FL 33179</b>
TITLE	D	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RICHMAN, SHARON	2.2 NAME	
STREET ADDRESS	17850 W. DIXIE HIGHWAY	2.3 STREET ADDRESS	<b>18500 NE 5th AVE</b>
CITY-ST-ZIP	N. MIAMI BCH. FL	2.4 CITY-ST-ZIP	<b>N. MIAMI BCH, FL 33179</b>
TITLE	DVP	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRIEDMAN, KEN	3.2 NAME	
STREET ADDRESS	3300 WEST ISLAND RD	3.3 STREET ADDRESS	<b>18500 NE 5th AVE</b>
CITY-ST-ZIP	COOPER CITY FL	3.4 CITY-ST-ZIP	<b>N. MIAMI BCH, FL 33179</b>
TITLE	DP	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RICHMAN, MARK	4.2 NAME	
STREET ADDRESS	17850 W DIXIE HWY	4.3 STREET ADDRESS	<b>18500 NE 5th AVE</b>
CITY-ST-ZIP	N MIAMI BCH FL	4.4 CITY-ST-ZIP	<b>N. MIAMI BCH, FL 33179</b>
TITLE	DT	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PAULL, DAVID	5.2 NAME	
STREET ADDRESS	17850 W DIXIE HWY	5.3 STREET ADDRESS	<b>18500 NE 5th AVE</b>
CITY-ST-ZIP	N MIAMI BEACH FL	5.4 CITY-ST-ZIP	<b>N. MIAMI BCH, FL 33179</b>
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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.

SIGNATURE: **David Paull** 0108198 (005)6327002

CR2E034 (10/97)