FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **F80597** (0)

1. Corporation Name

BLUE GROTTO ITALIAN RESTAURANT, INC.

Principal Place of Business	Mailing Address
1674 SW 57TH AVENUE MIAMI FL 33155	1674 SW 57TH AVENUE MIAMI FL 33155

3. Date Incorporated or Qualified: **05/10/1982**
3a. Date of Last Report: **03/27/1995**

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

4. FEI Number: **59-2183965** ☐ 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

BECKER, EARL
2916 DOUGLAS ROAD
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name: WALTER B. HARRISON, JR.
82 Street Address (P.O. Box Number is Not Acceptable): 14600 S.W. 83 PL.
83
84 City: Miami FL 85 Zip Code: 33158

11. Pursuant to the provisions of Sections 607.0502 and 607.1502, 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: (PRES.) DATE

Signature, typed or printed name of registered agent and, if applicable, the capacity or office held. NOTE: Registered Agent signature required where indicated.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D ☒ DELETE	1.1 TITLE	PRES. ☐ Change ☐ Addition
NAME	BECKER, EARL	1.2 NAME	WALTER B. HARRISON JR
STREET ADDRESS	2916 DOUGLAS RD	1.3 STREET ADDRESS	14600 SW 83PL
CITY-ST-ZIP	CORAL GABLES, FL 00000	1.4 CITY-ST-ZIP	Miami fl. 33158
TITLE	DST ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	HARRISON, LYNN E.	2.2 NAME	
STREET ADDRESS	14600 SW 83 PL	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	300001824123
CITY-ST-ZIP		4.4 CITY-ST-ZIP	-05/16/96--01027--027
TITLE	☐ DELETE	5.1 TITLE	***200.00 ☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	AEB 5-7-96

CR2E034 (12/95)

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)(k), 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: Lynn E. Harrison Secy Treas 4.16.96 3052882452

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

LYNN E. HARRISON