

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION  
ANNUAL REPORT  
1995



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 MAY -1 AM 10:26

DOCUMENT # F94000005707 (4)

1. Corporation Name

CHICKEN KITCHEN CORPORATION

Principal Place of Business

Mailing Address

5415 COLLINS AVE., #305  
MIAMI BEACH FL 33140

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MIAMI BEACH FL 33140

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

3a. Date of Last Report

11/03/1994

N/A

4. FEI Number

65 - 0143 880

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

7. This corporation has liability for intangible tax under C. 199.002,  
Florida Statutes ☐ Yes ☐ No *do not know*

2. Principal Place of Business

2a. Mailing Address

21. Suite, Apt. #, etc.

26. Suite, Apt. #, etc.

22. City & State

27. City & State

23. Zip

Country

28. Zip

Country

9. Name and Address of Current Registered Agent  
  
CORPORATION SERVICE COMPANY  
1201 HAYES ST.  
TALLAHASSEE FL 32301

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, 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

*White Pine*

3/8/1995

Signature (Typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

|                 |                              |
|-----------------|------------------------------|
| TITLE           | PSTD                         |
| NAME            | MAHE DE BERDOUARE, CHRISTIAN |
| STREET ADDRESS  | 5415 COLLINS AVE., #305      |
| CITY - ST - ZIP | MIAMI BEACH FL 33140         |
| TITLE           | SECRETARY                    |
| NAME            | Same name as above           |
| STREET ADDRESS  | Same name as above           |
| CITY - ST - ZIP | Same name as above           |
| TITLE           | TREASURER                    |
| NAME            | Same name as above           |
| STREET ADDRESS  | Same name as above           |
| CITY - ST - ZIP | Same name as above           |
| TITLE           | CHAIRMAN of the BOARD        |
| NAME            | Same name as above           |
| STREET ADDRESS  | Same name as above           |
| CITY - ST - ZIP | Same name as above           |
| TITLE           |                              |
| NAME            |                              |
| STREET ADDRESS  |                              |
| CITY - ST - ZIP |                              |
| TITLE           |                              |
| NAME            |                              |
| STREET ADDRESS  |                              |
| CITY - ST - ZIP |                              |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                     |                                                                              |
|---------------------|------------------------------------------------------------------------------|
| 1.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 1.2 NAME            |                                                                              |
| 1.3 STREET ADDRESS  |                                                                              |
| 1.4 CITY - ST - ZIP |                                                                              |
| 2.1 TITLE           | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 2.2 NAME            |                                                                              |
| 2.3 STREET ADDRESS  |                                                                              |
| 2.4 CITY - ST - ZIP |                                                                              |
| 3.1 TITLE           | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 3.2 NAME            |                                                                              |
| 3.3 STREET ADDRESS  |                                                                              |
| 3.4 CITY - ST - ZIP |                                                                              |
| 4.1 TITLE           | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 4.2 NAME            |                                                                              |
| 4.3 STREET ADDRESS  |                                                                              |
| 4.4 CITY - ST - ZIP |                                                                              |
| 5.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 5.2 NAME            |                                                                              |
| 5.3 STREET ADDRESS  |                                                                              |
| 5.4 CITY - ST - ZIP |                                                                              |
| 6.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 6.2 NAME            |                                                                              |
| 6.3 STREET ADDRESS  |                                                                              |
| 6.4 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)(b), 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, or on an attachment with an address.

SIGNATURE:

*White Pine*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/8/1995

(305) 734-6020