

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

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Feb 24, 1999 8:00 am
Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # F98000000035

1. Corporation Name
BENIHANA BRICKELL STATION CORP.

Principal Place of Business 8685 N.W. 53RD TERRACE MIAMI FL 33166-4591	Mailing Address 8685 N.W. 53RD TERRACE MIAMI FL 33166-4591
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified 01/05/1998	Applied For Not Applicable
4. FEI Number 65-0718214	
5. Certificate of Status Desired <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 the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
BRAI SERVICES, INC.
526 E. PARK AVENUE
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, 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

TITLE	PD AOKI, ROCKY H	<input checked="" type="checkbox"/> DELETE
STREET ADDRESS	8685 N.W. 53RD TERRACE	
CITY-ST-ZIP	MIAMI FL 33166-4591	
TITLE	EVD SCHWARTZ, JOEL A	<input type="checkbox"/> DELETE
STREET ADDRESS	8685 N.W. 53RD TERRACE	
CITY-ST-ZIP	MIAMI FL 33166-4591	
TITLE	V YOSHIMOTO, TAKA	<input type="checkbox"/> DELETE
STREET ADDRESS	8685 N.W. 53RD TERRACE	
CITY-ST-ZIP	MIAMI FL 33166-4591	
TITLE	DV BURRIS, MICHAEL R	<input type="checkbox"/> DELETE
STREET ADDRESS	8685 N.W. 53RD TERRACE	
CITY-ST-ZIP	MIAMI FL 33166-4591	
TITLE	ST GARCIA, JUAN C	<input type="checkbox"/> DELETE
STREET ADDRESS	8685 N.W. 53RD TERRACE	
CITY-ST-ZIP	MIAMI FL 33166-4591	

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	Pres & Dir	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Schwartz, Joel A	
2.3 STREET ADDRESS	8685 NW 53rd Terrace	
2.4 CITY-ST-ZIP	Miami, FL	
3.1 TITLE	VP & Dir	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Yoshimoto, Taka	
3.3 STREET ADDRESS	8685 NW 53rd Terrace	
3.4 CITY-ST-ZIP	Miami, FL	
4.1 TITLE	VP & Dir	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Burris, Michael R	
4.3 STREET ADDRESS	8685 NW 53rd Terrace	
4.4 CITY-ST-ZIP	Miami, FL	
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 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: Juan C. Garcia Date: 1/6/99 Daytime Phone #: 305 593 0770

CR2E034 (11/98)