

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
DOCUMENT # G62813 (2)		
1. Corporation Name BEVERLY HILLS CAFE V, INC.		

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

Principal Place of Business 17850 W. DIXIE HWY. N. MIAMI BEACH FL 33160	Mailing Address 17850 W. DIXIE HWY. N. MIAMI BEACH FL 33160
---	---

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 09/21/1983		3a. Date of Last Report 03/24/1994	
4. FEI Number 59-2326996		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			
PAULL, DAVID 17850 WEST DIXIE HIGHWAY NORTH MIAMI BEACH FL 33160			

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 negotiating.) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PVD	1.1 TITLE	☐ Change ☐ Addition
NAME	RICHMAN, MARK	1.2 NAME	
STREET ADDRESS	17850 W. DIXIE HWY.	1.3 STREET ADDRESS	
CITY- ST- ZIP	N. MIAMI BEACH FL	1.4 CITY- ST- ZIP	
TITLE	STD	2.1 TITLE	☐ Change ☐ Addition
NAME	PAULL, DAVID	2.2 NAME	
STREET ADDRESS	17850 W. DIXIE HWY.	2.3 STREET ADDRESS	
CITY- ST- ZIP	N. MIAMI BEACH FL	2.4 CITY- ST- ZIP	
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY- ST- ZIP		3.4 CITY- ST- ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY- ST- ZIP		4.4 CITY- ST- ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY- ST- ZIP		5.4 CITY- ST- ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY- ST- ZIP		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 110.07(2)(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 if changed, or on an attachment with an address.

SIGNATURE: David Paul **David Paul** 03/16/95 (009)901-8767
SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR