

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

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**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

CORPORATION ANNUAL REPORT 1995



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

DOCUMENT # **G98062** (4)

1. Corporation Name
FAST FOOD MANAGEMENT OF MIAMI, INC.

Principal Place of Business Mailing Address

**6701 SUNSET DRIVE
SUITE 104
SOUTH MIAMI FL 33143**

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SUITE 104
SOUTH MIAMI FL 33143**

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21	1900 S. Harbor City Blvd.	26	1900 S. Harbor City Blvd.	04/12/1984	01/25/1994
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	Applied For
22 Suite 328		27 Suite 328		52-1341146	Not Applicable
City & State		City & State		5. Certificate of Status Desired	\$8.75 Additional Fee Required
23 Melbourne, FL		28 Melbourne, FL		<input checked="" type="checkbox"/>	
24	32901	25	USA	29	32901
30	USA	6. Election Campaign Financing		\$5.00 May Be Added to Fees	
7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent				
ARROYO, ENRIQUE 6701 SUNSET DRIVE SUITE 104 SOUTH MIAMI FL 33143				81	Name			
				82	Street Address (P.O. Box Number is Not Acceptable)			
				1900 S. Harbor City Blvd.				
				83	Suite 328			
				84	City	FL	85	Zip Code
				Melbourne				32901

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 reappointing) _____ DATE _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	DP	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME	REGIS, JOHN A. JR.	1.2 NAME					
STREET ADDRESS	FIRST FEDERAL BUILDING STE 507	1.3 STREET ADDRESS					
CITY-ST-ZIP	SANTURCE PR	1.4 CITY-ST-ZIP					
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME	REGIS, MARILYN A.	2.2 NAME					
STREET ADDRESS	FIRST FEDERAL BUILDING STE 507	2.3 STREET ADDRESS					
CITY-ST-ZIP	SANTURCE PR	2.4 CITY-ST-ZIP					
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME		3.2 NAME					
STREET ADDRESS		3.3 STREET ADDRESS					
CITY-ST-ZIP		3.4 CITY-ST-ZIP					
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME		4.2 NAME					
STREET ADDRESS		4.3 STREET ADDRESS					
CITY-ST-ZIP		4.4 CITY-ST-ZIP					
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME		5.2 NAME					
STREET ADDRESS		5.3 STREET ADDRESS					
CITY-ST-ZIP		5.4 CITY-ST-ZIP					
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 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(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 its receiver or trustee empowered to execute this report as required by Chapter 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if applicable, or on an addition with an address.

SIGNATURE:  DATE: 3/6/95 (809) 725-1814

NAME OF SIGNING OFFICER OR DIRECTOR: _____