

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

FILED

Feb 03 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Northam</b> Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # **H74492** (0)  
1. Corporation Name  
**RUDY'S SIRLOIN STEAKBURGERS, INC.**



Principal Place of Business <b>11900 BISCAYNE BLVD. S806 MIAMI FL 33181 US</b>	Mailing Address <b>11900 BISCAYNE BLVD. S806 MIAMI FL 33181 US</b>
---	---

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>21 8685 NW 53rd Terrace</b> Suite, Apt. #, etc. <b>22 Suite 201</b> City & State <b>23 Miami, FL</b> Zip <b>24 33166</b>		2a. Mailing Address <b>26 8685 NW 53rd Terrace</b> Suite, Apt. #, etc. <b>27 Suite 201</b> City & State <b>28 Miami, FL</b> Zip <b>29 33166</b>		3. Date Incorporated or Qualified <b>09/05/1985</b>	
		4. FEI Number <b>59-2652824</b>		Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No			

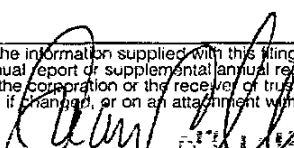
9. Name and Address of Current Registered Agent <b>RUDOLPH, DOUGLAS M. 11900 BISCAYNE RD S806 MIAMI FL 33181</b>				10. Name and Address of New Registered Agent <b>81 Name Benihana Inc.</b> <b>82 Street Address (P.O. Box Number is Not Acceptable) 8685 NW 53rd Terrace</b> <b>83</b> <b>84 City Miami FL 85 Zip Code 33166</b>			
---	--	--	--	---	--	--	--

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  **Juan C. Garcia/Secretary** 1/28/97  
Signature of Officer or Director of the corporation and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	DP	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	RUDOLPH, DOUGLAS M.			1.2 NAME	Aoki, Rocky		
STREET ADDRESS	212 BALBAY DRIVE			1.3 STREET ADDRESS	8685 NW 53rd Terrace		
CITY-ST-ZIP	BAL HARBOUR FL			1.4 CITY-ST-ZIP	Miami, FL		
TITLE	VT	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	Exec. Vice Pres.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	PETERSON, MARIE G.			2.2 NAME	Schwartz, Joel		
STREET ADDRESS	2860 S.W. 85TH WAY			2.3 STREET ADDRESS	8685 NW 53rd Terrace		
CITY-ST-ZIP	DAVIE FL			2.4 CITY-ST-ZIP	Miami, FL		
TITLE		<input type="checkbox"/> DELETE		3.1 TITLE	Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME				3.2 NAME	Yoshimoto, Taka		
STREET ADDRESS				3.3 STREET ADDRESS	8685 NW 53rd Terrace		
CITY-ST-ZIP				3.4 CITY-ST-ZIP	Miami, FL		
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE	Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME				4.2 NAME	Burris, Michael		
STREET ADDRESS				4.3 STREET ADDRESS	8685 NW 53rd Terrace		
CITY-ST-ZIP				4.4 CITY-ST-ZIP	Miami, FL		
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME				5.2 NAME	Garcia, Juan		
STREET ADDRESS				5.3 STREET ADDRESS	8685 NW 53rd Terrace		
CITY-ST-ZIP				5.4 CITY-ST-ZIP	Miami, FL		
TITLE		<input type="checkbox"/> DELETE		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 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.

SIGNATURE:  **Juan C. Garcia/Secty** 1/6/98 305 593 0770

CR2E034 (10/97)