

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

FILED  
Feb 23, 1999 8:00 am  
Secretary of State

02-23-1999 90082 017 \*\*\*150.00

DOCUMENT # H74492

1. Corporation Name

RUDY'S SIRLOIN STEAKBURGERS, INC.

Principal Place of Business

8685 NW 53RD TERR #201  
MIAMI FL 33166  
US

Mailing Address

8685 NW 53RD TERR #201  
MIAMI FL 33166  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/05/1985

4. FEI Number

59-2652824

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 owes the current year Intangible

Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

NRAI SERVICES, INC.  
526 EAST PARK AVENUE  
TALLAHASSEE FL 32301

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

Signature, typed or printed name of registered agent 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 P XXXX DELETE  
NAME AOKI, ROCKY  
STREET ADDRESS 8685 NW 53RD TERR  
CITY-ST-ZIP MIAMI FL

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE EVP ☐ DELETE  
NAME SCHWARTZ, JOEL  
STREET ADDRESS 8685 NW 53RD TERR  
CITY-ST-ZIP MIAMI FL

2.1 TITLE Pres & Dir XX Change ☐ Addition  
2.2 NAME Schwartz, Joel  
2.3 STREET ADDRESS 8685 NW 53rd Terrace  
2.4 CITY-ST-ZIP Miami, FL

TITLE VP ☐ DELETE  
NAME YOSHIMOTO, TAKA  
STREET ADDRESS 8685 NW 53RD TERR  
CITY-ST-ZIP MIAMI FL

3.1 TITLE VP & Dir XX Change ☐ Addition  
3.2 NAME Yoshimoto, Taka  
3.3 STREET ADDRESS 8685 NW 53rd Terrace  
3.4 CITY-ST-ZIP Miami, FL

TITLE VP ☐ DELETE  
NAME BURRIS, MICHAEL  
STREET ADDRESS 8685 NW 53RD TERR  
CITY-ST-ZIP MIAMI FL

4.1 TITLE VP & Dir XX Change ☐ Addition  
4.2 NAME Burris, Michael  
4.3 STREET ADDRESS 8685 NW 53rd Terrace  
4.4 CITY-ST-ZIP Miami, FL

TITLE S ☐ DELETE  
NAME GARCIA, JUAN  
STREET ADDRESS 8685 NW 53RD TERR  
CITY-ST-ZIP MIAMI FL

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Juan C. Garcia

1/4/99

Date

305 593 0770

Daytime Phone #

CR2E034 (11/98)

0240850