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Mar 25 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # J42561 (7)
 1. Corporation Name
SUBWAY 1577, INC.



Principal Place of Business: **7 NORTHWEST 183RD STREET MIAMI FL 33169**
 Mailing Address: **7 NORTHWEST 183RD STREET MIAMI FL 33169-4516**

3. Date Incorporated or Qualified: **11/07/1986** 3a. Date of Last Report: **03/19/1996**
 4. FEI Number: **59-2748674** 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

2. Principal Place of Business:
 21. Suite, Apt. #, etc.
 22. City & State
 23. Zip Country
 24. 25. 29. 30.

9. Name and Address of Current Registered Agent
FLORES-ROSAS, JOAQUIN
1170 BRISTOL AVE
DAVIE FL 33328

10. Name and Address of New Registered Agent
 81. Name
 82. Street Address (P.O. Box Number is Not Acceptable)
 83.
 84. City 85. Zip Code **FL**

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: **D** DELETE
 NAME: **LOURDES TORRO-ROSAS, LOYRRES**
 STREET ADDRESS: **1170 BRISTOL AVE**
 CITY - ST - ZIP: **DAVIE FL**
 TITLE: **VD** DELETE
 NAME: **FLORES-ROSAS, JOAQUIN**
 STREET ADDRESS: **1170 BRISTOL AVE.**
 CITY - ST - ZIP: **DAVIE FL**
 TITLE: DELETE
 NAME:
 STREET ADDRESS:
 CITY - ST - ZIP:
 TITLE: DELETE
 NAME:
 STREET ADDRESS:
 CITY - ST - ZIP:
 TITLE: DELETE
 NAME:
 STREET ADDRESS:
 CITY - ST - ZIP:

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
 1.1 TITLE Change Addition
 1.2 NAME
 1.3 STREET ADDRESS
 1.4 CITY - ST - ZIP Change Addition
 2.1 TITLE Change Addition
 2.2 NAME
 2.3 STREET ADDRESS
 2.4 CITY - ST - ZIP
 3.1 TITLE Change Addition
 3.2 NAME
 3.3 STREET ADDRESS
 3.4 CITY - ST - ZIP
 4.1 TITLE Change Addition
 4.2 NAME
 4.3 STREET ADDRESS
 4.4 CITY - ST - ZIP
 5.1 TITLE Change Addition
 5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY - ST - ZIP
 6.1 TITLE Change Addition
 6.2 NAME
 6.3 STREET ADDRESS
 6.4 CITY - ST - ZIP

14. I do 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 in an attachment with an address.

SIGNATURE: *Joaquin Flores-Rosas*
 SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)