

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

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 MAR -9 PM 4:18

DOCUMENT # K77832 (9)

1. Corporation Name
BURGER MART THREE, INC.

Principal Place of Business Mailing Address
9990 S.W. 77TH AVE. 9990 S.W. 77TH AVE.
SUITE #402 SUITE #402
MIAMI FL 33156 MIAMI FL 33156

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 04/05/1989 3a. Date of Last Report 04/25/1994
4. FEI Number 65-0113703 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 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 Penthouse #8 27 Penthouse #8
23 City & State 28 City & State
24 Zip 25 Country 29 Zip 30 Country

9. Name and Address of Current Registered Agent
**BRICKELL REGISTERED AGENT, INC.
1395 BRICKELL AVE., THIRD FLOOR
MIAMI FL 33131**

10. Name and Address of New Registered Agent
81 Name **Atlantis Registered Agents, Inc.**
82 Street Address (P.O. Box Number is Not Acceptable) **25 S.E. 2nd Ave #919**
83
84 City **Miami** FL 85 Zip Code **33131**

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, by any other authority empowered to do so, or by the person or persons familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE *Gerald Ramsey, President* By: *Gerald Ramsey, President* DATE **3/6/95**
Signature, typed or printed name of registered agent if it applies. (NOTE: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS

TITLE	PST
NAME	BURGER, SANDRA
STREET ADDRESS	9990 S.W. 77 AVE STE 402
CITY - ST - ZIP	MIAMI FL
TITLE	D
NAME	BURGER, SANDRA
STREET ADDRESS	9990 S.W. 77 AVE STE 402
CITY - ST - ZIP	MIAMI FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	9990 S. W. 77th Ave., PH#8
1.4 CITY - ST - ZIP	Miami, Florida 33156
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	9990 S. W. 77th Ave., PH#8
2.4 CITY - ST - ZIP	Miami, Florida 33156
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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 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: *[Signature]* 1/17/95 (305) 271 5757
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR