FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 MAY -1 AM 8:06
SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # K93176 (1)

1. Corporation Name
MOLLY MALONE'S, INC.

Principal Place of Business
~~% CHRISTOPHER P. KELLEY~~
164 166 SUNNY ISLES BLVD.
N. MIAMI BEACH FL 33160

Mailing Address
~~% CHRISTOPHER P. KELLEY~~
164 166 SUNNY ISLES BLVD.
N. MIAMI BEACH FL 33160

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **06/05/1989**
3a. Date of Last Report: **08/19/1994**
4. FEI Number: **65-0129235** ☐ 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 24 —; Country 25 —
2a. Mailing Address — 26 —; Suite, Apt. #, etc. 27 —; City & State 28 —; Zip 29 —; Country 30 —

9. Name and Address of Current Registered Agent

~~KELLEY, CHRISTOPHER P.~~
~~8801 BISCAYNE BLVD.~~
~~SUITE 101~~
~~MIAMI FL 33138~~

10. Name and Address of New Registered Agent

81 Name: JOSE RAFAEL RODRIGUEZ
82 Street Address (P.O. Box Number is Not Acceptable): 6367 BIRD ROAD
83
84 City: MIAMI FL 85 Zip Code: 33155

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: J. Rafael Rodriguez / J. RAFAEL RODRIGUEZ, ESQ. 4-29-95
Signature, typed or printed name of registered agent & title if applicable — DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPS	1.1 TITLE	DPS ☒ Change ☐ Addition
NAME	BERRY, JOHN T.	1.2 NAME	BERRY, JOHN T.
STREET ADDRESS	17021 N. BAY RD. ~~621~~	1.3 STREET ADDRESS	17021 N BAY ROAD, APT 208
CITY ST ZIP	MIAMI FL	1.4 CITY ST ZIP	MIAMI, FL 33160
TITLE		2.1 TITLE	☐ Change ☐ Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY ST ZIP		2.4 CITY ST ZIP	
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY ST ZIP		3.4 CITY ST ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY ST ZIP		4.4 CITY ST ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY ST ZIP		5.4 CITY ST ZIP	
TITLE		6.1 TITLE	☐ Change ☐ 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 119.07(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: John T. Berry, PRESIDENT 4/29/95 305-948-9143
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0429787 FP