COF ANNU	ILE NOW: FILING FE PROFIT RPORATION JAL REPORT 1997	FLORIDA DEF Sandra Socra	A DOULUU PARIMENI OF STATE B. Mortham etary of State F CORPORATIONS	Apr 25	ALED 1997 8: tary of S	00ar State
RACCUS Principal Plac	e of Business VARA RESTAURANT	Mailing Address D/B/A EL MANARA RE 5811 SUNSET DRIVE	STAURANT			
South Miami	FL 33143	South Miami FL 3314:	3-5219	3. Date Incorporated or Qualified 01/11/1990	3a. Date of Last R 03/08/1996	leporl
	lace of Business	2a. Mailing Address		4. FEI Number	Ar	oplied For
Suite, Apt. #, etc.		26 Suite, Apt. #. etc.		65-0170505	No	ot Applicable
2 City & State	A	27 City & State		5. Certificate of Status Desired	Fee Re	equired
3	U	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00	
Zip	Country	Zip	Country	8. This corporation has liability fo	r intangible tax under s	
4	25 9. Name and Address of Curr	29 rent Registered Agent	30	Florida Statutes 10. Name and Address of New F	Yes No	···· - ··
11. Pursuant l	to the provisions of Sections 607.0	0502 and 607.1508, Florida Sta	tutes, the above-named cor	poration submits this statement for the	purpose of changing it	s registered
SIGNATURE	to the provisions of Soctions 607 0 egistered agent, or both, in the Sta m familiar with, and accept the ob Signature, typed or printed name of registered		tutes, the above-named cor s authorized by the corpora Florida Statutes. IOTE: Registered Agent signature requ	rporation submits this statement for the ation's board of directors. I hereby accur ured when reinstating)	purpose of changing it ept the appointment as	s registered registered
SIGNATURE	Signature, typed or printed name of registered OFFICERS /	agent and title if applicable (N AND DIRECTORS	OTL : Registered Agont signature requ			RS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered	agent and tills if applicable (N	IOTE : Registered Agent signature required agent signature required agent signature required agent ag	ured when teinstating)	DATE	
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Signature: typed or printed name of registered OFFICERS / PD SUCCAR, AIDA 5811 SUNSET DRIVE SOUTH MIAMI FL VD DEKKI, KAMAL 5811 SUNSET DRIVE	agent and title if applicable (N AND DIRECTORS	OTL - Registered Agent signature required Agent signature required Agent signature required Agent Structure Address 1.4 City - ST - ZiP 2.1 Title 2.2 NAME 2.3 STREET ADDRESS 2.3 STREET ADDRESS 2.3 STREET ADDRESS	ured when teinstating)		RS IN 12
SIGNATURE 12. 14. 14. 14. 14. 14. 14. 14. 14	Signature, typed or printed name of registered OFFICERS / PD SUCCAR, AIDA 5811 SUNSET DRIVE SOUTH MIAMI FL VD DEKKI, KAMAL	agont and tills if applicable (N AND DIRECTORS	OTE Registered Agent signature required Agent signature required Agent signature required Agent signature required agent and the second statement of t	ured when teinstating)	DATE ICERS AND DIRECTOR	RS IN 12
SIGNATURE I2. ITLE IAME ITREET ADDRESS ITY-ST-ZIP ITLE IAME ITREET ADDRESS ITY-ST-ZIP ITLE IAME ITLE ITLE IAME ITLE IAME ITLE	Signature: typed or printed name of registered OFFICERS / PD SUCCAR, AIDA 5811 SUNSET DRIVE SOUTH MIAMI FL VD DEKKI, KAMAL 5811 SUNSET DRIVE	egent and tille diapplicable (NAND DIRECTORS	OTE : Registered Agent signature required Agent signature required Agent signature required Agent and Agen	ured when teinstating)		RS IN 12
SIGNATURE 12. 111LE VAME STREET ADDRESS STY-ST-ZIP 111LE VAME STREET ADDRESS STY-ST-ZIP 111LE VAME VAME	Signature: typed or printed name of registered OFFICERS / PD SUCCAR, AIDA 5811 SUNSET DRIVE SOUTH MIAMI FL VD DEKKI, KAMAL 5811 SUNSET DRIVE	egent and tille if opplicable (N AND DIRECTORS	OTE: Registered Agent signature required Agent signature required Agent signature required Agent Address 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 OTY - ST - ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 OTY - ST - ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 OTY - ST - ZIP 4.1 TITLE 4.2 NAME	ured when teinstating)	DATL	RS IN 12