ANN	PROFIT DRPORATION NUAL REPORT <b>1996</b>	San Se	DEPARTMENT OF STATE ndra B. Mortham scretary of State N OF CORPORATIONS		
DOCL 1. Corporati	JMENT # L44	4601 (7)	)		
FLOF	RIDA RESTAURANT INI	DUSTRIES, INC.			
Principal Pla	ace of Business	Mailing Address			
	MIN S. FEINSWOG 47 ST	Mailing Address <b>% Benjamin S. Ff</b> <b>7154 SW 47 ST</b> MIAMI FL 33155	Einswog	3. Date Incorporated or Qualified	3a. Date of Las: Report
2. Principa!	Place of Business	2a. Mailing Address		01/18/1990	05/01/1995
21		26		4. FEI Number 65-0166262	Applied For Not Applicable
Suite, Apt	·	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
City & Sta		City & State 28		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be
Zip 24	25 9 Name and Address of	Zip 29	Country 30	<ol> <li>This corporation has liability for in Florida Statutes Yes</li> </ol>	Adjed to Fees
		f Current Registered Agent	81 Name	10. Name and Address of New Re	
	Wog, Benjamin S. Sw 47th St			dress (P.O. Box Number is Not Acceptable	la)
	SW 471H ST FL 33155		83		
			84 City		
			· ·		
11. Pursuant	to the provisions of Sections 6	07.0502 and 607.1508, Florida Stat	tutes, the above-named corpo	vation submits this statement for the purp	
tanninar w	with, and accept the obligations of	07.0502 and 607.1508, Florida Stat e of Florida. Such change was autho of, Section 607.0505, Florida Statut	tutes, the above-named corpc prized by the corporation's boa tes.	oration submits this statement for the purp ard of directors. I hereby accept the appoi	
SIGNATURE	WIN, and accept the obligations of Styriature typed or printed name of register	of, Section 607.0505, Florida Statut	(NOTE: Registered Agent signaturu require	red when reinstaling	PL
SIGNATURE	Stynuture typed or printed name of registe OFFICE PD	of, Section 607.0505, Florida Statut tered agent and title if anylicable ( ERS AND DIRECTORS DELETE	ites.	and or directors. Thereby accept the appoint	Dose of changing its registered office intment as registered agent. I am
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