FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # L66918 (8)

1. Corporation Name
HUNGRY MEN SUB SHOP INC.

Principal Place of Business	Mailing Address
~~P.O. BOX 141633~~ ~~CORAL GABLES FL 33134~~	P.O. BOX 141633 CORAL GABLES FL 33134

3. Date Incorporated or Qualified: **04/20/1990**
3a. Date of Last Report: **04/28/1995**
4. FEI Number: **65-0194639** ☐ 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 12041 S.W. 119 AVE	26 US POSTAL SERVICE
Suite, Apt. #, etc. 22 LOCAL	Suite, Apt. #, etc. 27 P.O. BOX 16-2225
City & State 23 MIAMI, FLORIDA	City & State 28 MIAMI, FL.
Zip 24 33193 Country 25 [redacted] USA	Zip 29 33116 Country 30 USA

9. **Name and Address of Current Registered Agent**

OTERO, GERMAN
2950 DADE AVENUE
COCONUT GROVE FL 33133

10. **Name and Address of New Registered Agent**

81 Name: ROSALBA OTERO LONG
82 Street Address (P.O. Box Number is Not Acceptable): 710 SAN JUAN DRIVE
83 CORAL GABLES
84 City: FL 85 Zip Code: 33143

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: [signature] Rosalba Otero Long — 5-28-96
Signature, typed or printed name of registered agent and title if applicable — Date

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PST	☐ DELETE	1.1 TITLE	PST ☒ Change ☐ Addition
NAME	~~OTERO, GERMAN~~		1.2 NAME	ROSALBA OTERO LONG
STREET ADDRESS	~~2950 DADE AVENUE~~		1.3 STREET ADDRESS	710 SAN JUAN DRIVE
CITY-ST-ZIP	~~COCONUT GROVE FL~~		1.4 CITY-ST-ZIP	CORAL GABLES, FL. 33143-6225
TITLE		☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME			2.2 NAME	
STREET ADDRESS			2.3 STREET ADDRESS	
CITY-ST-ZIP			2.4 CITY-ST-ZIP	
TITLE		☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	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)(x), 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] — 5-28-96 — (305)669-4710 (305)256-4452
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)