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PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **L66961** **(8)**

1. Corporation Name

INTERNATIONAL DINING, INC.

Principal Place of Business	Mailing Address
3501 ROLLING HILLS CIR. FT.LAUDERDALE FL 33131	3501 WEST ROLLING HILLS CIR ~~200 S. BISCAYNE BLV.~~ FORT LAUDERDALE FL 33328 US

3. Date Incorporated or Qualified: 04/19/1990	3a. Date of Last Report: 05/10/1995
4. FEI Number: 65-0186013	☐ 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	26 3501 West Rolling Hills Cir
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 ----------
City & State 23	City & State 28 Fort Lauderdale, Florida
Zip / Country 24 / 25	Zip / Country 29 33328 / 30 USA

9. Name and Address of Current Registered Agent

STEIN, CRAIG E
1221 BRICKELL AVENUE
SUITE 2200
MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name: JOEL L ROTH
82 Street Address (P.O. Box Number is Not Acceptable): Intercontinental Bank Center
83: 7000 W. Palmetto Park Road Suite # 206
84 City: Boca Raton FL 85 Zip Code: 33433

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 _____ DATE 3/4/96
Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent's signature required in affirming 10)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PSD KASAI,NOBUAKI 3501 WEST ROLLING HILLS CIR. FT.LAUDERDALE FL 33328 ☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	600001767356 -04/03/96--01002--025 ***200.00 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition JV 4.2

CR2E034 (12/95)

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)(i), 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: Nobuaki Kasai, President 02/26/96 (954) 475-0400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #