## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # L66961

(8)

INTERNATIONAL DINING, INC.

Apr 22 1998 8:00am Secretary of State

**FILED** 

|--|

Principal Pic	are of Business	Mailro Address						
Principal Place of Business Mailling Address  3501 ROLLING HILLS CIR. 3501 WEST ROLLING HILL FT.LAUDERDALE FL 33131 FORT LAUDERDALE FL 33						<del></del>		
		US	1 5 55525		DO NOT WRITE IN	THIS SPACE		
					3. Date Incorporated or Qualified 04/19/1990			
2. Principal	Place of Business	2a, Mailing Address		<del></del>	4. FEI Number	·	Applied For	
21		26			65-0186013		Not Applicable	
Soite, Apt. #, etc. Suite, Apt. 22 27			pt. #, etc.		I to Lentingate of Status Desired I I '		8.75 Additional Fee Required	
City & Str	ate	Gity & State			Election Campaign Financing     Trust Fund Contribution		O May Be d to Fees	
Zip	Country	Zip	Cour	try	8. This corporation owes or has paid tr	ne current year	Intangible	
24	[25]	[29]	30		Personal Property Tax due June 30.		□ No	
<u></u>	9. Name and Address of Curr	ent Registered Agent		Name	10. Name and Address of New Regist	ered Agent		
	OTH, JOEL		l'	Name				
	ORTHERN TRUST PLAZA D1 YAMATO RD., STE. 1200		Ī	Street Add	lress (P.O. Box Number is Not Acceptable)			
	OCA RATON FL 33431		1	33				
	00K 10K 01K 1 E 00431		L.					
			1	City		FL  85   Zip	p Code	
11. Pursuan	t to the provisions of Sections 607.0	02 and 607 1508, Florida S	itatutes, the abi	ove-named cor	poration submits this statement for the purp	oce of observing	its registered	
conce or	registered agent, or both, in the Sta am familiar with, and accept the obt	ile of Florida. Such change y	was authorized	by the corpora	ition's board of directors. I hereby accept the	e appointment a	as registered	
SIGNATURE	•							
	Shippartine, typical or product round of togstered in		(NOTE Registered	Agent eignature requ	(gottateries mandw boni	ATE		
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS			
TITLE	PSO MACALMODITANI	L DELFTE				Change	Addition	
NAME	Kasai,nobuaki   3501 West Rolling Hills	: CID	1.2 NAN	1				
STREET ADDRESS	FT,LAUDERDALE FL 33328	OIA.		FT ADDRESS			i	
CITY-ST-ZIP TITLE	TI,DAODERDACE TE 33328	DELETE		- ST - ZIP		☐ Change	e Addition	
NAME		L. becci	2.1 ML			ш спанде	, Mapition	
STREET ADDRESS			i	ET ADORESS				
CITY-ST-7IP				r-\$1-ZIP				
TITLE	<b></b>	DELETE				Change	Addition	
NAME			3 2 NAM					
STREET ADDRESS				FT ADDRESS				
CITY-ST-ZIP			3.4. CIT	r- \$1- ZIP				
TITLE		DELETE	41 1)11			Change	Addition	
NAME			4 2 NAM	4E			1	
STREET ADDRESS			4 3 STHI	LT ADDRESS				
CITY - ST - Z(P	<u> </u>		4.4 City	- ST - ZIP				
TITLE		☐ DELFTE	51 TITL			Change	Addition	
NAME			5.2 NAM	ŧ l			1	
STREET ADDRESS			5 3 STR	FT ADDRESS			•	
CITY-S1-ZIP		· · · · · · · · · · · · · · · · · · ·		- S1 - ZIP		<u>.</u>		
TITLE		☐ DELFTÉ				☐ Change	· Addition	
NAME			6.2 NAM					
STREET ADDRESS			6.3 STRE	ET ADDRESS				
COY-ST-7P	1		EACITY	. CT. 7(D				

14. Thereby certify that the information supplied with this filing 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 supplied enter an 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 13 if changed, or an affact proper with ap actions.

SIGNATURE:

04/17/98

(954) 475-0400