

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

FILED

May 16 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # L96089

(2)

1. Corporation Name:
MIAMI SUBS CORPORATION

Principal Place of Business
6300 NW 31ST AVE
FT. LAUDERDALE FL 33309

Mailing Address
6300 NW 31ST AVE
FT. LAUDERDALE FL 33309-1633



3. Date Incorporated or Qualified 08/28/1990	3a. Date of Last Report 02/27/1996
4. FEI Number 65-0249329	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent

PUTHOFF, FRANK M
6300 N.W. 31ST AVENUE
FT. LAUDERDALE FL 33309

10. Name and Address of New Registered Agent

81 Name **JERRY WODA**

82 Street Address (P.O. Box Number is Not Acceptable)
6300 N.W. 31 AVENUE

83

84 City **FT. LAUDERDALE** FL 85 Zip Code **33309**

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]* DATE **4-24-97**

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	DP	<input checked="" type="checkbox"/> DELETE
NAME	RUSSO, THOMAS J	
STREET ADDRESS	6300 NW 31ST AVENUE	
CITY - ST - ZIP	FT. LAUDERDALE FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	WODA, JERRY	
STREET ADDRESS	6300 NW 31ST AVENUE	
CITY - ST - ZIP	FT. LAUDERDALE FL	
TITLE	SV	<input checked="" type="checkbox"/> DELETE
NAME	PUTHOFF, FRANK M	
STREET ADDRESS	6300 NW 31ST AVENUE	
CITY - ST - ZIP	FT. LAUDERDALE FL	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	GUNTHER, ARTHUR	
STREET ADDRESS	6300 NW 31ST AVENUE	
CITY - ST - ZIP	FT. LAUDERDALE FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	BARTSOCAS, GUS	
STREET ADDRESS	6300 NW 31ST AVENUE	
CITY - ST - ZIP	FT. LAUDERDALE FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	PERLYN, DONALD, L	
STREET ADDRESS	6300 NW 31ST AVE	
CITY - ST - ZIP	FT. LAUDERDALE FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	VPST <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby 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 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]* DATE **4-24-97**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)