

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

APPROVED
AND
FILED

96 MAY -1 PM 1:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **M10870** (7)
1. Corporation Name
MA RESTAURANT CORP.



Principal Place of Business Mailing Address
**1036 SW 1ST ST.
MIAMI FL 33130** **1036 SW 1ST ST.
MIAMI FL 33130**

2. Principal Place of Business 2a. Mailing Address
21 **2300 CORAL WAY** 26 **2300 CORAL WAY**
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 City & State 27 City & State
23 **MIAMI FLORIDA,** 28 **MIAMI FLORIDA,**
Zip Country Zip Country
24 **33145** 25 **US.** 29 **33145** 30 **US.**

3. Date Incorporated or Qualified **02/01/1985** 3a. Date of Last Report **04/27/1995**
4. FEI Number **59-2601041** 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

9. Name and Address of Current Registered Agent

**FLORIDA ANNUAL REPORT SERVICES INC
1036 S.W. 1 ST.
MIAMI FL 33130**

10. Name and Address of New Registered Agent

81 Name **FLORIDA ANNUAL REPORT SERVICES, INC.**
82 Street Address (P.O. Box Number is Not Acceptable)
2300 CORAL WAY SUITE # 200
83
84 City **MIAMI** FL 85 Zip Code **33145**

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 understand, the obligations of a registered agent under Section 607.0505, Florida Statutes.

SIGNATURE *[Signature]* **AMADA CANTERA LOPEZ, PRES**

12. OFFICERS AND DIRECTORS
TITLE NAME STREET ADDRESS CITY-ST-ZIP
P **MA, THOMAS** **1485 N.E. 9TH COURT** **MIAMI FL**
STD **MA, ANA** **1485 N.E. 9TH COURT** **MIAMI FL**
[Delete] [Delete]
[Delete] [Delete]
[Delete] [Delete]
[Delete] [Delete]

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
[Change] [Addition]
1. TITLE NAME STREET ADDRESS CITY-ST-ZIP
2. TITLE NAME STREET ADDRESS CITY-ST-ZIP
3. TITLE NAME STREET ADDRESS CITY-ST-ZIP
4. TITLE NAME STREET ADDRESS CITY-ST-ZIP
5. TITLE NAME STREET ADDRESS CITY-ST-ZIP
6. TITLE NAME STREET ADDRESS CITY-ST-ZIP
[Change] [Addition]
[Change] [Addition]
[Change] [Addition]
[Change] [Addition]

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)(k), 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]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
MA THOMAS

4/29/96

CR2E034 (12/95)