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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M62498

(4)

RIMINI GRILL CORP.

DIMINI (	anici. Confi					
Principal Plac	e of Business	Mailing Address			ı ilinin bis ilin betig tidir dinin illibi ilisbi sanı	Midtl Bidie Billet Annie mehrt Aines 1081
820 NORTHEAST 78 STREET 620 NORT MIAMI FL 33138 MIAMI FL						
				,	3. Date incorporated or Qualified 11/13/1987	3a. Date of Last Report 04/30/1996
<del></del> i	lace of Business	2a. Mailing Address	<del></del>		4. FEI Number 65-0013603	Applied For
College And Heads			26		0370/13003	Not Applicable
Suite, Apt. #, etc.		<b>├</b> ──~	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Stat	е	City & State	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28			Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Cou	ntry	8. This corporation has liability for i	
24	25 25 Name and Address of Cu	29	30		Florida Statutes  10. Name and Address of New Re	Yes No
N10		itteur Bedisteten Waart		81 Name	10. Name and Address of New Ne	Jistered Agent
	ter, frank Ne 78th St.		į	OT INSTITUTE		
			82 Street Add	dress (P.O. Box Number is Not Acceptable)		
MIA	MI FL 33138		ł	83		· · · · · · · · · · · · · · · · · · ·
				64 5:	·	1001 71-10-10
				84 City		FL 85 Zip Code
office or agent 1 a	to the provisions of Sections 607 registered agent, or both, in the Sam familiar with, and accept the c	State of Florida, Such change obligations of, Section 607.050	otatutes, the at was authorized 5, Florida Stat	d by the corpora utes.	poration submits this statement for the p tion's board of directors. I hereby accep	at the appointment as registered
	Signature, typical or printed name of registers			d Agent signature requ		DATE
12.	OFFICERS	S AND DIRECTORS  DELETI	13.		ADDITIONS/CHANGES TO OFFIC	
TITLE	PINTER, FRANK	L) DELET	1	1		Change Addition
NAME	620 NE 78 ST		1.2 N/	·		
STREET ADDRESS	MIAMI FL		1	REET ADORESS		
CITY - S1 - ZIP	MACATILI L	DELET		TY-ST-ZIP		Change Addition
NAME		ביין טבנביו	22 NJ			Carrier Carrier
	1			TREET ADDRESS		
STREET ADDRESS		,				
CITY-ST-ZIP TITLE	,	☐ DELET		TLF		Change Addition
NAME			3.2 N/			
STREET ADDRESS				REFT ADDRESS		
CITY-ST-ZIP				HTY-ST-ZIP		
TITLE		DELET			······································	Change Addition
NAME			4. 2 N	IAME		·
STREET ADDRESS				TREET ADDRESS		·
CITY-ST-ZIP			4.4 CI	ITY-ST-ZIP		
TITLE		DELET				Change Addition
NAME			5.2 N	AME		
STREET ADDRESS			5.3 \$1	TREET ADDRESS		
CITY - ST - ZIP			54 C	ITY-ST-ZIP		
TITLE		☐ DELET				Change Addition
NAME			6.2 N	AME		
STREET ADDRESS			6.3 S	Treet address		
CITY OF 710			640	ITV_CT. 7(D		

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 fustee) 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 addition.

SIGNATURE:

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

Date Dayline Phone #

**FILED** 

Feb 11 1997 8:00am

Secretary of State