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

Suite, Apt. #, etc.



Suite, Apt. #, etc.

| PROFIT CORPORATION ANNUAL REPORT 1997                     | FLORIDA DEPARTMENT OF STATE  Sandra B. Mortham  Secretary of State  DIVISION OF CORPORATIONS | , -   | 997 8:00am<br>ry of State          |  |  |  |  |  |
|---|--|---|------------------------------------|--|--|--|--|--|
| POCUMENT # M75 1. Corporation Name FOOD SPOT NO. 60 INCOR | 5861 (8)<br>PORATED  | 1 (40) 40) 11 (40) 12 (40)  |                                    |  |  |  |  |  |
| Principal Place of Business                               | Mailing Address  |   | )                                  |  |  |  |  |  |
| 7801 S.W. 67TH AVE.<br>SUITE 100<br>SOUTH MIAMI FL 33143  | 7901 S.W. 67TH AVE.<br>Suite 100<br>South Miami Fl. 33143-4598                               |   |                                    |  |  |  |  |  |
|   |  | <ol> <li>Date Incorporated or Qualified<br/>04/08/1988</li> </ol> | 3a. Date of Last Report 05/01/1996 |  |  |  |  |  |
| 2. Principal Place of Business                            | 2a. Mailing Address  | 4. FEI Number   | Applied For                        |  |  |  |  |  |

|   | Suite, Apt.                   | #, etc.          |         |   |                        | Suite                                 | , Apt. #, etc.                    |                           |                |                 |  | <b>5.</b> Co           | ertificate of Statu | is Dosired                     |            | \$8.75          |                            |  |
|---|-------------------------------|------------------|---------|---|------------------------|---------------------------------------|-----------------------------------|---------------------------|----------------|-----------------|--|------------------------|---------------------|--------------------------------|------------|-----------------|----------------------------|--|
| 22  |                               | 27               |         |   |                        |                                       |                                   |                           |                | 1               |  |                        | ر <u>ب</u><br>      | Fee Re                         |            |                 |                            |  |
| Ļ.,   | City & State                  | <b>├</b> ₁ -     |         |   |                        |                                       |                                   |                           | 1              | ection Campaigr | •  | p                      | \$5.00              |                                |            |                 |                            |  |
| 23  |                               |                  |         |   | 21                     | · · · · · · · · · · · · · · · · · · · |                                   |                           |                |                 |  | 4                      | ust Fund Contrib    |                                |            | Added !         |                            |  |
|   | Zip                           |                  |         | Country                                 |                        | Zip<br>□                              |                                   | H                         | ountry         |                 |  |                        | is corporation h    |                                |            |                 | 199.032,                   |  |
| 24  |                               | & Blam-          | 25      | Address of C                            | 25                     |                                       | Acont                             | 30                        |                |                 | <u></u> -                                    | 1.,,                   | orida Statutes      |                                | Yes _      |                 |                            |  |
| Name and Address of Current Registered Agent  |                               |                  |         |   |                        |                                       |                                   |                           |                | Nan             | 10. Name and Address of New Registered Agent |                        |                     |                                |            |                 |                            |  |
|   | WILNER, BRUCE                 |                  |         |   |                        |                                       |                                   |                           |                |                 | ie.  |                        |                     |                                |            |                 |                            |  |
| 7901 LUDLAM RD  |                               |                  |         |   |                        |                                       |                                   |                           | 82             | Stre            | et Addre                                     | ss (P.O.               | Box Number is       | Not Accepta                    | ble)       |                 |                            |  |
| MIAMI FL 33143  |                               |                  |         |   |                        |                                       |                                   | 1                         |                |                 |  |                        |                     |                                |            |                 |                            |  |
|   |                               |                  |         |   |                        |                                       |                                   |                           | 83             |                 |  |                        |                     |                                |            |                 |                            |  |
|   |                               |                  |         |   |                        |                                       |                                   |                           | 84             | City            |  |                        |                     |                                |            | <b>85</b> Zip I | Code                       |  |
| 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the a   |                               |                  |         |   |                        |                                       |                                   |                           |                |                 |  |                        |                     |                                | FL         | . ] `           |                            |  |
| 11  | I. Pursuant t<br>office or re | to the provis    | ions d  | of Sections 607.0<br>or both, in the St | 0502 and<br>ato of Fig | l 607.150<br>orida Su                 | 08, Florida Stat<br>Ich chango wa | tutes, the<br>is authoriz | above<br>ed hv | name            | od corpo<br>orporatio                        | oration su<br>on's hos | ubmits this state   | ement for the<br>I hereby acce | purpose of | f changing it   | s registered<br>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. |                               |                  |         |   |                        |                                       |                                   |                           |                |                 |  |                        |                     |                                |            |                 |                            |  |
| SI  | GNATURE .                     |                  |         |   |                        |                                       |                                   |                           |                |                 |  |                        |                     |                                |            |                 |                            |  |
|   |                               | Signature, typed | or prin | ed name of registered                   |                        |                                       |                                   | IOTt : Registe            |                | n: signa        | ture required                                |                        |                     |                                | DATE.      |                 |                            |  |
| 12  |                               | EXVP             |         | OFFICERS                                | VMD DIE                | E CTORS                               |                                   | 13                        |                |                 |  | <u>ADI</u>             | DITIONS/CHANG       | GES TO OFFI                    | CERS AND   |                 |                            |  |
| III   |                               |                  | יומם    | 0E 0                                    |                        |                                       | DELETE                            |                           | 311LF          |                 | {  |                        |                     |                                |            | Change          | Addition                   |  |
| NA  |                               | WILNER,          |         |   |                        |                                       |                                   |                           | NAME           |                 |  |                        |                     |                                |            |                 |                            |  |
|   | REET ADDRESS                  |                  |         | AVE., #100                              |                        |                                       |                                   | ı                         | STREET         |                 | S  |                        |                     |                                |            |                 |                            |  |
|   | TY-ST-ZIP                     | SOUTH            | MAIN    | I FL                                    |                        |                                       |                                   |                           | CITY - S       | ST - 7(P        |  |                        |                     |                                |            | T 75 ***        | - <del></del>              |  |
| TiT   |                               | D                | LAB     | <b>3</b> 0. 1                           |                        |                                       | DELETE                            |                           | TITLE          |                 |  |                        |                     |                                |            | Change          | Addition                   |  |
|   | ME                            | HARRIS,          |         |   |                        |                                       |                                   | 22                        | NAME.          |                 | 1  |                        |                     |                                |            |                 |                            |  |
|   | REET ADORESS                  |                  |         | AVE., #100                              |                        |                                       |                                   | 2.3                       | STREET         | ADDRES          | s  |                        |                     |                                |            |                 |                            |  |
|   | ry-\$t-Zip                    | SOUTH I          | MAIN    | I FL                                    | <del></del>            |                                       |                                   |                           | CITY-S         | 1 - 71P         |  |                        |                     | ·                              |            |                 | ····                       |  |
| Tif   |                               | VP.              |         |   |                        |                                       | DELETE                            | 3.1                       | TITLE          |                 |  |                        |                     |                                |            | Change          | L Addition                 |  |
| NA  | ME                            | DEUTSC           |         |   |                        |                                       |                                   | 3.2                       | NAME           |                 |  |                        |                     |                                |            |                 |                            |  |
| \$11  | REET ADDRESS                  |                  |         | AVE., #100                              |                        |                                       |                                   | 3.3                       | STREET         | ADDRES          | is   |                        |                     |                                |            |                 |                            |  |
| CIT   | ry-ST-ZIP                     | SOUTH I          | MAIN    | FL 33143                                |                        |                                       |                                   | 3.4                       | . CITY - S     | 1 - ZIP         |  |                        |                     |                                |            |                 |                            |  |
| TO  | LE                            |                  |         |   |                        |                                       | DELETE                            | 4.1                       | TITLE          |                 | 1  |                        |                     |                                |            | Change          | Addition                   |  |
| NA  | ME                            | 1                |         |   |                        |                                       |                                   | 4.2                       | NAME           |                 | 1  |                        |                     |                                |            |                 |                            |  |
| STI   | REET ADORESS                  |                  |         |   |                        |                                       |                                   | 4.3                       | STREET         | ADDRES          | is   |                        |                     |                                |            |                 |                            |  |
| CfT   | Y+\$T-ZIP                     |                  |         |   |                        |                                       |                                   | 4.4                       | CITY - S       | I - ZIÞ         |  |                        |                     |                                |            |                 |                            |  |
| 10  | LE .                          |                  |         |   |                        |                                       | DELETE                            | 5.1                       | TITLE          |                 |  |                        |                     |                                |            | ☐ Change        | Addition                   |  |
| NA  | ME                            |                  |         |   |                        |                                       |                                   | 5.2                       | NAME           |                 | 1  |                        |                     |                                |            |                 |                            |  |
| STI   | REET ADDRESS                  |                  |         |   |                        |                                       |                                   | 5.3                       | STREET         | ADDRES          | s  |                        |                     |                                |            |                 |                            |  |
| CIT   | IY-ST-ZIP                     |                  |         |   |                        |                                       |                                   | i i                       | CITY-S         |                 | }  |                        |                     |                                |            |                 |                            |  |
|   | 'LE                           |                  |         |   |                        |                                       | DELETE                            |                           | THEE           |                 | 1  |                        |                     |                                |            | Change          | Addition                   |  |
| NA  | IME .                         |                  |         |   |                        |                                       |                                   | 6.2                       | NAME           |                 |  |                        |                     |                                |            |                 |                            |  |
| ŚTI   | REET ADDRESS                  |                  | $\sim$  |   |                        |                                       |                                   | 6.3                       | STREET         | ADDRES          | s l  |                        |                     |                                |            |                 |                            |  |

CITY-ST-ZIP

14. I do hereby certify that the Information indicated on this I am an officer or director of appears in Block 12 of Block. is filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the small annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that triver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name another than address.

(305) 666-0642

**FILED** 

Not Applicable