

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

CORPORATION
APPROVAL, REPLY BY
1995



FLORIDA DEPARTMENT OF STATE
J. B. MONTGOMERY
GOVERNOR
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED

DOCUMENT # M86631

(2)

MAY 10 AM 10:35

P.J.'S CAFE ROSE, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

11500 NE 2ND AVENUE
MIAMI FL 33161

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MIAMI FL 33161

USE FIRST THREE SPACES

3. Date of Corporation or Amendment	3a. Date of Last Report
06/23/1988	08/22/1994
4. FIC Number	Applied For Not Applicable
65-0088096	
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. 190.032 Florida Statutes	☒ Yes ☐ No

2. Name of Corporation or Amendment	2a. Mailed Address
21. State of Incorporation	26. State of Report
22. City or County	27. City or County
23. State	28. State
24. Zip	29. Zip
25. Country	30. Country

9. Name and Address of Current Registered Agent

BODZIN, SIDNEY M.
%BODZIN & BODZIN, ATTORNEYS
17230 NE 19TH AVENUE
NORTH MIAMI BEACH FL 33162

10. Name and Address of New Registered Agent

81. Name
82. Street Address (P.O. Box Number is Not Accepted)
83. City
84. State
85. Zip Code

11. Pursuant to the provisions of Sections 605.01 and 605.02, Florida Statutes, this 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, and hereby accept the appointment as registered agent. I am familiar with and accept the provisions of Sections 605.01 and 605.02, Florida Statutes.

Signature

Signature of Registered Agent

Signature of New Registered Agent

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
NAME CURRENT ADDRESS CITY STATE ZIP	NAME CURRENT ADDRESS CITY STATE ZIP ☐ Change ☐ Addition
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NAME CURRENT ADDRESS CITY STATE ZIP	NAME CURRENT ADDRESS CITY STATE ZIP ☐ Change ☐ Addition

14. I hereby certify that the information supplied with this filing is substantially true and correct and is not qualified by the exceptions stated in Section 190.032, Florida Statutes. I further certify that the information and address there shown 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 605, Florida Statutes, and that my name appears in Block 12 of this filing. If changed, or is an addition, with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-04-94
TALLAHASSEE