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Mar 17 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997

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

DOCUMENT # P05748 (9)

1. Corporation Name
CUCOS INC.

Principal Place of Business	Mailing Address
110 VETERANS BLVD. STE. 222 METAIRIE LA 70005 US	110 VETERANS BLVD. #222 METAIRIE LA 70005-4929 US

3. Date Incorporated or Qualified: 04/22/1985
3a. Date of Last Report: 01/30/1996

2. Principal Place of Business — 21 | Suite, Apt #, etc. 22 | City & State 23 | Zip 24 | Country 25

2a. Mailing Address — 26 | Suite, Apt #, etc. 27 | City & State 28 | Zip 29 | Country 30

4. FEI Number: 72-0915435 ☐ 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

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

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

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 ______ (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	XX DELETE	1.1 TITLE	V.P. & CFO	☐ Change XX Addition
NAME	HUMPHRIES, WILLIAM D.		1.2 NAME	Lee W. Randall	
STREET ADDRESS	110 VETERANS BLVD. SUITE 222		1.3 STREET ADDRESS	110 Veterans Blvd., Suite 222	
CITY-ST-ZIP	METAIRE LA		1.4 CITY-ST-ZIP	Metairie LA 70005	
TITLE	VT	XX DELETE	2.1 TITLE	President	☐ Change XX Addition
NAME	SANDEMAN, THOMAS J.		2.2 NAME	Elie V. Khoury	
STREET ADDRESS	110 VETERANS BLVD., SUITE 222		2.3 STREET ADDRESS	110 Veterans Blvd., Suite 222	
CITY-ST-ZIP	METAIRIE LA		2.4 CITY-ST-ZIP	Metairie LA 70005	
TITLE	SD	☐ DELETE	3.1 TITLE	Chairman & CEO	XX Change ☐ Addition
NAME	GRACE, THOMAS J		3.2 NAME	Vincent J. Liuzza, Jr.	
STREET ADDRESS	110 VETERANS BLVD., SUITE 222		3.3 STREET ADDRESS	110 Veterans Blvd., Suite 222	
CITY-ST-ZIP	METAIRIE LA		3.4 CITY-ST-ZIP	Metairie LA 70005	
TITLE	D	☐ DELETE	4.1 TITLE	Director	☐ Change XX Addition
NAME	PULITZER, SIDNEY C.		4.2 NAME	David M. Liuzza	
STREET ADDRESS	110 VETERANS BLVD., SUITE 222		4.3 STREET ADDRESS	110 Veterans Blvd., Suite 222	
CITY-ST-ZIP	METAIRIE LA		4.4 CITY-ST-ZIP	Metairie LA 70005	
TITLE	D	☐ DELETE	5.1 TITLE	Director	☐ Change XX Addition
NAME	URIA, MIGUEL		5.2 NAME	Frank Ferrara	
STREET ADDRESS	110 VETERANS BLVD., SUITE 222		5.3 STREET ADDRESS	110 Veterans Blvd., Suite 222	
CITY-ST-ZIP	METAIRIE LA		5.4 CITY-ST-ZIP	Metairie LA 70005	
TITLE	P	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	LIUZZA, VINCENT J. J		6.2 NAME		
STREET ADDRESS	110 VETERANS BLVD, SUITE 222		6.3 STREET ADDRESS		
CITY-ST-ZIP	METAIRIE LA		6.4 CITY-ST-ZIP		

CR2E034 (9/96)

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: Lee W Randall, V.P. — 504-835-0806

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0493640