

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

**APPROVED
AND
FILED**

**CORPORATION
ANNUAL REPORT
1995**



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

50 MAY 19 AM 10:15

DOCUMENT # P32423 (6)

1. Corporation Name:
INTERNATIONAL VOYAGER CORPORATION

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business: **11900 BISCAYNE BLVD., STE 300 MIAMI FL 33181**
Mailing Address: **11900 BISCAYNE BLVD., STE 300 MIAMI FL 33181**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21		26		01/08/1991	05/01/1994
22. State, Apt # etc		27. State, Apt # etc		4. FEI Number	Applied For
22		27		38-2956079	Not Applicable
23. City & State		28. City & State		5. Certificate of Status Desired	\$8.75 Additional Fee Required
23		28		<input type="checkbox"/>	
24. Zip		29. Zip		6. Director Campaign Financing Trust Fund Contributor	\$5.00 May Be Added to Fees
24		29		<input type="checkbox"/>	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	

**SUGAR, PETER
11900 BISCAYNE BLVD.
SUITE 300
MIAMI FL 33181-9726**

B1. Name	
B2. Street Address, P.O. Box Number if Not Applicable	
B3. City	
B4. State	FL
B5. Zip Code	

11. I, the undersigned, as the principal officer, director, officer, or agent of the corporation, certify that the information furnished herein is true and correct. I understand that the filing of this report is a public act and that the information contained herein is available to the public. I understand that the filing of this report is a public act and that the information contained herein is available to the public. I understand that the filing of this report is a public act and that the information contained herein is available to the public.

SIGNATURE

12. Name and Address of Agent	13. Name and Address of Agent
CP CHEYFITZ, KIRK 13 OXFORD BLVD PLEASANT RIDGE MI VCV LEVIN, HILLEL 1230 N STATE, APT 22C CHICAGO IL DVS SUGAR, PETER 1694 TRADING POST LANE BLOOMFIELD HILLS MI SUGAR, PETER 1694 TRADING POST LANE BLOOMFIELD HILLS MI	(Empty)

14. I, the undersigned, certify that the information furnished herein is true and correct. I understand that the filing of this report is a public act and that the information contained herein is available to the public. I understand that the filing of this report is a public act and that the information contained herein is available to the public.

SIGNATURE: *Peter Sugar*
SIGNATURE AND TITLE OR POSITION OF SIGNING OFFICER OR DIRECTOR
PETER SUGAR

May 12, 1995 305-892-6644

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APPROVED AND FILED

MAY 19 11:10:15

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

**CORPORATION
ANNUAL REPORT
1995**



**FLORIDA DEPARTMENT OF STATE
Secretary of State
Tallahassee, Florida 32399-0400**

DOCUMENT # P32506 (8)

BANCO UNION, S.A.C.A. CORPORATION

**TORRE GRUPO UNION, AVENIDA UNIVERSIDAD
ESQUINA EL CHORRO, PISO 21
CARACAS, VENEZUELA**

**3. Date of Incorporation (Domestic) 01/17/1991
3a. Date of Last Report 05/01/1994**

21. State of Incorporation	26. Mailing Address	4. FIC Number	Applied For
22. State of Principal Office	27. State of Principal Office	13-2828547	Not Applicable
23. City of Principal Office	28. City of Principal Office	5. Certificate of Status (Domestic)	\$8.75 Additional Fee Required
24. State of Principal Office	29. State of Principal Office	6. Election Campaign Contributions	\$5.00 May Be Added to Fees
30. Other	31. Other	8. Does corporation have liability for certain public law violations (FDICIA)?	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent								
CORPORATION COMPANY OF MIAMI 201 S. BISCAYNE BLVD 1600 MIAMI CENTER MIAMI FL 33131	<table border="1"> <tr> <td>81. Type</td> <td></td> </tr> <tr> <td>82. Street Address (Do Not Number or Put A. or B. in front)</td> <td></td> </tr> <tr> <td>83. City</td> <td></td> </tr> <tr> <td>84. State</td> <td>FL 85. Zip Code</td> </tr> </table>	81. Type		82. Street Address (Do Not Number or Put A. or B. in front)		83. City		84. State	FL 85. Zip Code
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11. I, the undersigned, certify that the information furnished on this form is true and correct, that I am a resident of the State of Florida, and that I am the duly authorized representative of the corporation named herein. I understand that anyone who furnishes false or misleading information on this form or who omits material or information requested on the form may be subject to criminal sanctions (including fines and imprisonment) and/or civil sanctions (including multiple damages and civil penalties).

12. Name and Address of Shareholder	13. Additional Changes to Shareholder List																																																																						
<table border="1"> <tr> <td>NAME</td> <td>PCD BENACERRAF, S. HENRY</td> </tr> <tr> <td>ADDRESS</td> <td>AVDA. LOS GRANADOS CARACAS, VENEZUELA</td> </tr> <tr> <td>TYPE</td> <td>VD</td> </tr> <tr> <td>NAME</td> <td>PALACIOS, IGNACIO S.</td> </tr> <tr> <td>ADDRESS</td> <td>AVDA. EL CASQUILLO. CARACAS, VENEZUELA</td> </tr> <tr> <td>TYPE</td> <td>D</td> </tr> <tr> <td>NAME</td> <td>ZARIKIAN, ESTEBAN</td> </tr> <tr> <td>ADDRESS</td> <td>CALLE VICUNA. QUINTA ZAZUMA. VALLE ARRIBA CARACAS VE</td> </tr> <tr> <td>TYPE</td> <td>D</td> </tr> <tr> <td>NAME</td> <td>SCROCCHI, ALBERTO R.</td> </tr> <tr> <td>ADDRESS</td> <td>AVDA. LA CUMBRE CARACAS, VENEZUELA</td> </tr> <tr> <td>TYPE</td> <td>D</td> </tr> <tr> <td>NAME</td> <td>CURIEL, MORRIS E.</td> </tr> <tr> <td>ADDRESS</td> <td>CALLE ORIENTE, QUINTA I. CARACAS, VENEZUELA</td> </tr> <tr> <td>TYPE</td> <td>D</td> </tr> <tr> <td>NAME</td> <td>OBADIA, JOSE ISRAEL</td> </tr> <tr> <td>ADDRESS</td> <td>AVDA. AVIALA 17-10 CARACAS, VENEZUELA</td> </tr> </table>	NAME	PCD BENACERRAF, S. HENRY	ADDRESS	AVDA. LOS GRANADOS CARACAS, VENEZUELA	TYPE	VD	NAME	PALACIOS, IGNACIO S.	ADDRESS	AVDA. EL CASQUILLO. CARACAS, VENEZUELA	TYPE	D	NAME	ZARIKIAN, ESTEBAN	ADDRESS	CALLE VICUNA. QUINTA ZAZUMA. VALLE ARRIBA CARACAS VE	TYPE	D	NAME	SCROCCHI, ALBERTO R.	ADDRESS	AVDA. LA CUMBRE CARACAS, VENEZUELA	TYPE	D	NAME	CURIEL, MORRIS E.	ADDRESS	CALLE ORIENTE, QUINTA I. CARACAS, VENEZUELA	TYPE	D	NAME	OBADIA, JOSE ISRAEL	ADDRESS	AVDA. AVIALA 17-10 CARACAS, VENEZUELA	<table border="1"> <tr> <td>NAME</td> <td>PCD BENACERRAF, S. HENRY</td> <td>X</td> </tr> <tr> <td>ADDRESS</td> <td>CALLE ORIENTE. QTA. CHINACO COUNTRY CLUB. CARACAS VENEZUELA</td> <td></td> </tr> <tr> <td>TYPE</td> <td>VD</td> <td>X</td> </tr> <tr> <td>NAME</td> <td>SALVATIERRA P. IGNACIO</td> <td></td> </tr> <tr> <td>ADDRESS</td> <td>7MA. AVDA. CON IRA. TRANSV. LOS OLIVOS QUINTA EL CEDRO. URB. LOS CHORROS. CARACAS</td> <td></td> </tr> <tr> <td>TYPE</td> <td>D</td> <td></td> </tr> <tr> <td>NAME</td> <td>CARMONA P. FEDERICO</td> <td>X</td> </tr> <tr> <td>ADDRESS</td> <td>AV. ALTO HATILLO CON C/LA LOMA. QTA. DOÑA ITA CARACAS, VENEZUELA</td> <td></td> </tr> <tr> <td>TYPE</td> <td>D</td> <td></td> </tr> <tr> <td>NAME</td> <td>PUCHADES, LUIS</td> <td>X</td> </tr> <tr> <td>ADDRESS</td> <td>CALLE EL EMPALME. QTA. VILLA MALVA ROSA URB. LOMAS DEL MIRADOR. CARACAS, VENEZUELA</td> <td></td> </tr> <tr> <td>TYPE</td> <td>D</td> <td></td> </tr> </table>	NAME	PCD BENACERRAF, S. HENRY	X	ADDRESS	CALLE ORIENTE. QTA. CHINACO COUNTRY CLUB. CARACAS VENEZUELA		TYPE	VD	X	NAME	SALVATIERRA P. IGNACIO		ADDRESS	7MA. AVDA. CON IRA. TRANSV. LOS OLIVOS QUINTA EL CEDRO. URB. LOS CHORROS. CARACAS		TYPE	D		NAME	CARMONA P. FEDERICO	X	ADDRESS	AV. ALTO HATILLO CON C/LA LOMA. QTA. DOÑA ITA CARACAS, VENEZUELA		TYPE	D		NAME	PUCHADES, LUIS	X	ADDRESS	CALLE EL EMPALME. QTA. VILLA MALVA ROSA URB. LOMAS DEL MIRADOR. CARACAS, VENEZUELA		TYPE	D	
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SIGNATURE:
IGNACIO SALVATIERRA P.

10 de mayo 1995 (58.2) 501.70.33

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CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Tandra B. Northen
Secretary of State
Division of Corporations

DOCUMENT # **P33372**

(4)

1. Corporation Name

EATERIES, INC.

RECEIVED
MAY 10 1995

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
DO NOT WRITE IN THIS SPACE

2. Principal Office Location

3240 W. BRITTON RD.
BUILDING 2-SOUTH, STE. 202
OKLAHOMA CITY OK 73120

3. Mailing Address

3240 W. BRITTON RD.
BUILDING 2-SOUTH, STE. 202
OKLAHOMA CITY OK 73120

3. Date incorporated or organized: **03/19/1991** 3a. Date of Last Report: **05/10/1994**

2. Principal Office Location

21. State of Incorporation

22. Filing State

23. Filing State

24. Filing State

25. Mailing Address

26. State of Incorporation

27. Filing State

28. Filing State

29. Filing State

4. FIC Number

73-1230348

5. Certificate of Status Desired

6. Director Campaign Disclosure
Filing Report (Amendment)

8. This corporation has had only one state of incorporation

Applied For
Not Applicable

\$8.75 Additional
Fee Required

\$5.00 May Be
Added to Fees

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 (Include Apartment # if Applicable)	
83		
84	City	
85	State	FL

11. I, the undersigned, certify that the information furnished herein is true and correct to the best of my knowledge and belief, and that the corporation has complied with the provisions of the Florida Statutes regarding the filing of this report. I understand that the filing of this report is required by law and that the corporation is liable for the filing of this report.

12. Director Name and Address

PD
ORZA, VINCENT D., JR.
3240 W., BRITTON RD. #202
OKLAHOMA CITY OK

V
BURKE, JAMES M.
3240 W., BRITTON RD. #202
OKLAHOMA CITY OK

TV
MORTON, JEFF L.
3240 W., BRITTON RD. #202
OKLAHOMA CITY OK

S
ORZA, PATRICIA L.
1901 MISTLETOE LANE
EDMOND OK

D
ORZA, EDWARD
1147-455 LEGGETT AVE.
NEW YORK NY

D
GOLDEN, THOMAS F.
4181 S OAK RD
TULSA OK

13. Director Name and Address

TV
HEHEMANN, AUGUST A.
3240 W. BRITTON RD. #202
OKLAHOMA CITY OK

14. I, the undersigned, certify that the information furnished herein is true and correct to the best of my knowledge and belief, and that the corporation has complied with the provisions of the Florida Statutes regarding the filing of this report. I understand that the filing of this report is required by law and that the corporation is liable for the filing of this report.

SIGNATURE:

[Handwritten Signature]
SIGNATURE AND PRINTED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/95 405 755 3607 ext 118

P33372

EATERIES, INC.
FLORIDA CORPORATE ANNUAL REPORT
1995

ATTN 1

BLOCK 12

D
Phillip Frideman
3240 W. Britton Rd, #202
Oklahoma City, OK 73120

D
Hal Smith
3240 W. Britton Rd, #202
Oklahoma City, OK 73120

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ANNUAL REPORT
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**FLORIDA DEPARTMENT OF STATE
Janet B. Morham
Secretary of State
1000 Gulf Bldg, Tallahassee, FL 32304-0100**

**APPROVED
AND
FILED**

MAY 19 11:10:15

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # P33707 (1)

**1. Corporation Name:
LOVIC'S DISTRIBUTORS, INC.**

**2. Principal Place of Business:
Hwy 19
165 GRANT STREET
PELHAM GA 31779**

**3. Mailing Address:
P. O. Box 597
165 GRANT STREET
PELHAM GA 31779**

DO NOT WRITE IN THIS SPACE

3. Date of Report: 04/25/1991
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business:

21. Hwy 19
State: GA

2a. Mailing Address:

26. P. O. Box 597
State: GA

4. FID Number:

58-1690167

**Apply For:
Not Applicable**

22. City:

23. Pelham, Ga. 31779

27. City:

28. Pelham, Ga. 31779

5. Certificate of Status Desired:

**\$8.75 Additional
Fee Required**

**6. Has the Corporation Income Tax
Report Been Completed:**

**\$5.00 May Be
Added to Fees**

8. The Corporation has liability for franchise tax under Section 219 of the Florida Statutes:

24. 25. 29. 30.

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81. Type:

82. Report Address: (If "N" Select "Not Applicable")

83.

84.

FL

85.

11. I, the undersigned, being a duly qualified agent for the corporation, hereby certify that the corporation exists for the purposes of the purposes of the corporation as reported above.

12. Name and Address of President:

**PD
JONES, STEPHEN L.
165 GRANT STREET, SE
PELHAM GA
STD
JONES, PENNY LYNN
165 GRANT STREET, SE
PELHAM GA**

13. Name and Address of Secretary:

14. I, the undersigned, being a duly qualified agent for the corporation, hereby certify that the corporation exists for the purposes of the purposes of the corporation as reported above.

SIGNATURE:

Stephen L. Jones

Stephen L. Jones, President

912-294-0358

DATE AND TYPE ON FILE: NAME OF SECRETARY OR DIRECTOR