FILE NOW: ANNUAL REPORT & PROOF

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
'95 MAR -7 AM 11:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P92000002948 (7)

1. Corporation Name
HARD ROCK CAFE INTERNATIONAL (MIAMI), INC.

Principal Place of Business	Mailing Address
5401 KIRKMAN RD SUITE 200 ORLANDO FL 32819	5401 KIRKMAN RD SUITE 200 ORLANDO FL 32819

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 11/09/1992
3a. Date of Last Report: 02/08/1994

2. Principal Place of Business 21
2a. Mailing Address 26
4. FEI Number: 58-2022408 ☐ Applied For ☐ Not Applicable

Suite, Apt. #, etc. 22
Suite, Apt. #, etc. 27
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

City & State 23
City & State 28
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

Zip 24 Country 25
Zip 29 Country 30
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	11 TITLE	☐ Change ☒ Addition
NAME	LEVITT III, ARTHUR	12 NAME	Coutu, Michael
STREET ADDRESS	5401 KIRKMAN RD SUITE 200	13 STREET ADDRESS	5401 Kirkman Road, #200
CITY-ST-ZIP	ORLANDO FL 32819	14 CITY-ST-ZIP	Orlando, FL
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	NORTH, TERENCE H	22 NAME	
STREET ADDRESS	6 CONNAUGHT PLACE	23 STREET ADDRESS	
CITY-ST-ZIP	LONDON, ENGLAND W2 2EZ	24 CITY-ST-ZIP	
TITLE	DV	31 TITLE	☐ Change ☐ Addition
NAME	WATSON, JOHN H	32 NAME	
STREET ADDRESS	FIVE CONCOURSE PKWY SUITE 2400	33 STREET ADDRESS	
CITY-ST-ZIP	ATLANTA GA 30328	34 CITY-ST-ZIP	
TITLE	S	41 TITLE	☐ Change ☐ Addition
NAME	FOWLER, ANN	42 NAME	
STREET ADDRESS	FIVE CONCOURSE PKWY SUITE 2400	43 STREET ADDRESS	
CITY-ST-ZIP	ATLANTA GA 30328	44 CITY-ST-ZIP	
TITLE	T	51 TITLE	☐ Change ☐ Addition
NAME	DELANEY, THOMAS G	52 NAME	
STREET ADDRESS	FIVE CONCOURSE PKWY SUITE 2400	53 STREET ADDRESS	
CITY-ST-ZIP	ATLANTA GA 30328	54 CITY-ST-ZIP	
TITLE	AS	61 TITLE	☐ Change ☐ Addition
NAME	MCNEESE, JACK L	62 NAME	
STREET ADDRESS	FIVE CONCOURSE PKWY SUITE 2400	63 STREET ADDRESS	
CITY-ST-ZIP	ATLANTA GA 30328	64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Ann Fowler 2/27/95 404/392-9029
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0001147 CP