

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 02, 1999 8:00 am
Secretary of State

03-02-1999 90032 020 ***150.00

DOCUMENT # P92000002948

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

Principal Place of Business

5401 KIRKMAN RD
SUITE 200
ORLANDO FL 32819

Mailing Address

5 CONCOURSE PKWY.
2400
ATLANTA GA 32819
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/09/1992

4. FEI Number

58-2022408

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

\$5.00 May Be
Added to Fees

Trust Fund Contribution

8. This corporation owes the current year Intangible

Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 6100 Old Park Lane

Suite, Apt. #, etc.

2a. Mailing Address

26 Suite, Apt. #, etc.

City & State

23 Orlando, Florida

Zip

24 32835

Country

25 US

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DP ☐ DELETE
NAME BERK, JAMES G.
STREET ADDRESS 5401 KIRKMAN RD., STE. 200
CITY-ST-ZIP ORLANDO FL

TITLE VP ☒ DELETE
NAME DAWSON, HORACE
STREET ADDRESS 5401 KIRKMAN RD, SUITE 200
CITY-ST-ZIP ORLANDO FL 32819

TITLE DV ☐ DELETE
NAME WATSON, JOHN H
STREET ADDRESS FIVE CONCOURSE PKWY SUITE 2400
CITY-ST-ZIP ATLANTA GA 30328

TITLE S ☐ DELETE
NAME JONES, LESLIE O.
STREET ADDRESS FIVE CONCOURSE PKWY., #2400
CITY-ST-ZIP ATLANTA GA

TITLE T ☐ DELETE
NAME DELANEY, THOMAS G
STREET ADDRESS FIVE CONCOURSE PKWY SUITE 2400
CITY-ST-ZIP ATLANTA GA 30328

TITLE AS ☐ DELETE
NAME MCNEESE, JACK L
STREET ADDRESS FIVE CONCOURSE PKWY SUITE 2400
CITY-ST-ZIP ATLANTA GA 30328

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS 6100 Old Park Lane
1.4 CITY-ST-ZIP Orlando, FL 32835

2.1 TITLE VP ☐ Change ☒ Addition
2.2 NAME Scott Little
2.3 STREET ADDRESS 6100 Old Park Lane
2.4 CITY-ST-ZIP Orlando, FL 32835

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/15/99

Date

770-392-9029

Daytime Phone #

CR2E034 (11/98)