

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

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AND
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95 JUN 21 PM 3:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995



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

DOCUMENT # P92000008401
1. Corporate Name
AUSTIN GRILLS OF FLORIDA, INC.

Principal Place of Business Mailing Address

2. Principal Place of Business 2a. Mailing Address

21 2601 South Bayshore Dr. 26 2404 Wisconsin Ave., NW
Suite, Apt. #, etc. Suite, Apt. #, etc.

22 19th Fl. 27
City & State City & State

23 Miami, Fl. 28 Washington, D.C.
Zip 33133 Country USA Zip 20007 Country USA

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 3a. Date of Last Report
11/20/92

4. FEI Number Applied For
65 039 0216 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

TERREMARK CORPORATE AGENTS, INC.
2601 So. Bayshore Drive, 19th Fl.
Miami, Fl. 33133

10. Name and Address of New Registered Agent

B1 Name COBER CORPORATE AGENTS, INC.
B2 Street Address (P.O. Box Number is Not Acceptable) 2601 So. Bayshore Dr., 19th Fl.
B3
B4 City Miami FL B5 Zip 33130

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 5/9/95
Signature (typed or printed name of registered agent and title, if applicable) ANDREW J. SHAW, ASSISTANT SECRETARY

12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	1.1 TITLE	D/S
NAME	WILLIAM S. SHAW	1.2 NAME	SCOTT SHAW
STREET ADDRESS	2665 So. Bayshore Dr., Ste. 904	1.3 STREET ADDRESS	2404 Wisconsin Ave., N.W.
CITY ST ZIP	Miami, Fl. 33133	1.4 CITY ST ZIP	Washington, D.C. 20007
TITLE		2.1 TITLE	D/P
NAME		2.2 NAME	ROBERT WILDER
STREET ADDRESS		2.3 STREET ADDRESS	2404 Wisconsin Ave., N.W.
CITY ST ZIP		2.4 CITY ST ZIP	Washington, D.C. 20007
TITLE		3.1 TITLE	
NAME		3.2 NAME	200001521662
STREET ADDRESS		3.3 STREET ADDRESS	-06/23/95--01029--006
CITY ST ZIP		3.4 CITY ST ZIP	***225.00 ***225.00
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY ST ZIP		4.4 CITY ST ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY ST ZIP		5.4 CITY ST ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY ST ZIP		6.4 CITY ST ZIP	

**SIGN
HERE**

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)(k), 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 a duly elected officer or director of the corporation or the receiver or trustee empowered to execute the report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12. If Block 12 is changed, or an attachment with an address

SIGNATURE: _____ DATE 5/10/95 (703) 684-8969
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED AGENT SCOTT SHAW, SECRETARY