SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/8/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT
1995

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

FILED
95 AUG -1 AM 11:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000018869 (6)**

1. Corporation Name
DON GAMBRINU'S BREW PUB, INC.

Principal Place of Business
4201 S.W. 11TH ST.
MIAMI FL 33134

Mailing Address
4201 S.W. 11TH ST.
MIAMI FL 33134

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 03/12/1993
3a. Date of Last Report: 06/14/1994

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22
Suite, Apt. #, etc. — 27
City & State — 23
City & State — 28
Zip — 24
Country — 25
Zip — 29
Country — 30

4. FEI Number: 65-0418184 — 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
CABRERA, RAUL D
4201 S.W. 11TH ST.
MIAMI FL 33134

10. Name and Address of New Registered Agent
01 Name: JAIME DELGADILLO
02 Street Address (P.O. Box Number is Not Acceptable)
03: 831 ALTA VISTA TERRACE
04 City: DAVIE FL 05 Zip Code: 33325

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]
Signature (Typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when resigning) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	PRESIDENT ☒ Change ☐ Addition
NAME	VARGAS, GONZALO	12 NAME	JUAN MEDINACELI
STREET ADDRESS	7335 NW 35TH ST.	13 STREET ADDRESS	7335 NW 35TH ST.
CITY-ST-ZIP	MIAMI FL	14 CITY-ST-ZIP	MIAMI, FL 33012
TITLE		21 TITLE	DIRECTOR ☐ Change ☒ Addition
NAME		22 NAME	EDUARDO AVILES
STREET ADDRESS		23 STREET ADDRESS	7335 NW 35TH ST.
CITY-ST-ZIP		24 CITY-ST-ZIP	MIAMI, FL 33012
TITLE		31 TITLE	GARY PABLO, DIRECTOR ☐ Change ☒ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	7335 NW 35TH ST.
CITY-ST-ZIP		34 CITY-ST-ZIP	MIAMI, FL 33012
TITLE		41 TITLE	☒ Change ☐ Addition
NAME		42 NAME	GONZALO VARGAS, DIRECTOR
STREET ADDRESS		43 STREET ADDRESS	7335 NW 35TH ST.
CITY-ST-ZIP		44 CITY-ST-ZIP	MIAMI, FL 33012
TITLE		51 TITLE	☐ Change ☒ Addition
NAME		52 NAME	JAIME DELGADILLO, DIRECTOR
STREET ADDRESS		53 STREET ADDRESS	7335 NW 35TH ST.
CITY-ST-ZIP		54 CITY-ST-ZIP	MIAMI, FL 33012
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		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)(k), Florida Statutes. I further certify that the information indicated on the 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: [signature] 7-27-95 305-531-3657
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
GONZALO VARGAS

CR2E034 (3/95)

0040006 CP