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SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

CORPORATION
 ANNUAL REPORT
 1995



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

DOCUMENT # P93000042771 (4)

1. Corporation Name
SIR MONTY'S, INC.

Principal Place of Business Mailing Address
400 SW 84TH AVE 400 SW 84TH AVE
MIAMI FL 33144 MIAMI FL 33144
US US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **06/17/1993** 3a. Date of Last Report **04/12/1994**
 4. FBI Number **65-0418172** 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

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

9. Name and Address of Current Registered Agent
SIRGANY, DOLORES
400 SW 84TH AVE
MIAMI FL 33144

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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

12. OFFICERS AND DIRECTORS
 TITLE **P**
 NAME **SIRGANY, DOLORES**
 STREET ADDRESS **400 SW 84TH AVE**
 CITY-ST-ZIP **MIAMI FL**
 TITLE **T**
 NAME **SIRGANY, SAMMIE**
 STREET ADDRESS **400 SW 84TH AVE**
 CITY-ST-ZIP **MIAMI FL**
 TITLE **S**
 NAME **SIRGANY, SAMMIE**
 STREET ADDRESS **400 SW 84TH AVE**
 CITY-ST-ZIP **MIAMI FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
 1.1 TITLE Change Addition
 1.2 NAME
 1.3 STREET ADDRESS
 1.4 CITY-ST-ZIP
 2.1 TITLE Change Addition
 2.2 NAME
 2.3 STREET ADDRESS
 2.4 CITY-ST-ZIP
 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 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 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: *Dolores Sirgany* **DOLORES SIRGANY** **2/8/95 (305) 531-7489**