FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

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

APPROVED AND FILED

95 MAY -1 AM 9:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000044389 (3)**

1. Corporation Name
TASTE BUDS RESTAURANT, INC.

Principal Place of Business
836 BRICKELL PLAZA
MIAMI FL 33131
US

Mailing Address
13208 SW 86TH LANE
MIAMI FL 33183

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **06/23/1993**
3a. Date of Last Report: **07/08/1994**

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: **APPLIED FOR** 65-0421091 — 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
ROCKMAN, LOUIS M
8500 SW 92ND STREET
SUITE 106
MIAMI FL 33156

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 of registered agent or title of officer] [signature of Registered Agent or officer representative] [date]

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PSTD	11 TITLE	☐ Change ☐ Addition
NAME	MABJISH, SALIM	12 NAME	
STREET ADDRESS	13208 SW 86 LANE	13 STREET ADDRESS	
CITY, ST, ZIP	MIAMI FL 33183	14 CITY, ST, ZIP	
TITLE	V	21 TITLE	☐ Change ☐ Addition
NAME	MABJISH, SUHEIL	22 NAME	
STREET ADDRESS	13208 SW 86 LANE	23 STREET ADDRESS	
CITY, ST, ZIP	MIAMI FL	24 CITY, ST, ZIP	
TITLE	V	31 TITLE	☐ Change ☐ Addition
NAME	MABJISH, SHAFIQ	32 NAME	
STREET ADDRESS	13208 SW 86 LANE	33 STREET ADDRESS	
CITY, ST, ZIP	MIAMI FL 33183	34 CITY, ST, ZIP	
TITLE	V	41 TITLE	☐ Change ☐ Addition
NAME	MABJISH, SAMIR	42 NAME	
STREET ADDRESS	13208 SW 86 LANE	43 STREET ADDRESS	
CITY, ST, ZIP	MIAMI FL 33183	44 CITY, ST, ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY, ST, ZIP		54 CITY, ST, ZIP	
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)(i), 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: SALIM MABJISH — PRES. 4/28/95 — 3774711
SIGNATURE AND TYPED OR PRINTED NAME OF BONAFIDE OFFICER OR DIRECTOR — Title — Telephone Number #

0201096 CP