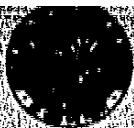


**CORPORATION
ANNUAL REPORT
1995**



OFFICE OF THE SECRETARY OF STATE
BESSIE B. BARNETT
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 11 PM 3:35

DOCUMENT # P93000046808 (0)

1. Corporation Name

FINE RESTAURANTS INC.

Principal Place of Business

9040 N.W. 24TH CT.
SUNRISE FL 33322

Mailing Address

9040 N.W. 24TH CT.
SUNRISE FL 33322

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

07/02/1993

3a. Date of Last Report

04/11/1994

4. FEI Number

65-0420537

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

21 2900 W. Sample Road

2a. Mailing Address

26 2900 W. Sample Rd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 Pompano Bch. FL.

City & State

28 Pompano Bch FL.

Zip

24 33073

Country

25 Broward

Zip

29 33073

Country

30 Broward

9. Name and Address of Current Registered Agent

FISPAN, RONALD STEVEN
9040 N.W. 24TH CT.
SUNRISE FL 33322

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]

(NOTE: Registered Agent signature required when registering)

4/7/95

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	FISPAN, RONALD STEVEN
STREET ADDRESS	9040 N.W. 24TH CT.
CITY, ST, ZIP	SUNRISE FL 33322
TITLE	D
NAME	FISPAN, MYRNA LAURA
STREET ADDRESS	9040 N.W. 24TH CT.
CITY, ST, ZIP	SUNRISE FL 33322
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

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 hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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, unchanged, or as an addition with an address.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/7/95 (305) 968-8156