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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # P93000048469 (9) LAS OLAS CUISINE, INC.					1	
Principal Place	of Business	Mailing Address				
628 S.E. 4TH STREET FT LAUDERDALE FL 33301		828 S.E. 4TH STREET FT LAUDERDALE FL 33301				
				3. Date Incorporated or Qualified		•
2. Principa' Pla	ice of Business	2a. Mailing Address	**************************************	07/12/1993 4. FEI Number	03/14/1	Applied For
i]		26		65-0460950		Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5 Certificate of Status Desired 5 \$8.75 Addition		
City P State		27				Required
City & State		City & State		 Election Campaign Financing Trust Fund Contribution 		00 May Be led to Fees
Zip	Country	Zip	Country	This corporation has liability for		
]	25	29	30		es No	a 100.002,
***************************************	9. Name and Address of Cur	rrent Registered Agent	81 Name 11	10. Name and Address of New	Registered Agent	
	SRD AVENUE DERDALE FL 33304		83 84 City PT	LANDINAL	FL 85	YWD ZZZV
or registere familiar with	o the provisions of Sections 607.0 od agent, or both, in the State of F n, and accept the obligations of, S	forida. Such change was authori	ized by the corporation's boa	ration submits this statement for the p ard of directors. I hereby accept the ap	purpose of changing its appointment as registere	registered offic od agent. I am
	algnature, typed or printed name of registored a		IOTE: Registeren Agent signature roquir		DATE	
Σ. TLF		AND DIRECTORS	13.	ADDITIONS/CHANGES TO OF		
ME.	D Marcus, Janet	נ] נינונונ	1. 1 TITLE	•	Change	Addition
REET ADDRESS	828 S.E. 4TH ST.		1.3 STREET ADDRESS			
Y-SY-ZIP	FT. LAUDERDALE FL 3330)1	1.4 CITY - ST - ZIP			
LE	D	DELETE	2 1 TITLE		Change	Addition
ME	MARCUS, IRA		2.2 NAME			
BEET ADDRESS	625 NE 3RD AVE.		2 3 STREET ADDRESS			
Y-S1-ZIP LE	FT. LAUDERDALE FL 3330)4 [**] Delete	2.4 CITY-ST-7P 3.1 TILLE		F" Change	Addition
VE		L.J Dettett	3.2 NAME		Change	☐ Addition
REET ADDRESS			3.3. STREET ADDRESS			
Y - S1 - ZIF			3.4 CITY: ST-ZIP			
F		☐ DELETE	4.1 THLE	And the final control of the second of the s	Change	Addition
4E			4.2 NAME			
EET ADDRESS			4.3 STREET ADDRESS			
'-\$1-7IP	**************************************	☐ DELETE	4.4 City-St-ZiP		FIALL	Prij Addis
LE ME		LJ octor	5 1 TITLE 52 NAME		Charige	Addition
EET ADDRESS			5.3 STREET ADDRESS			
r-ST-24P			5.4 CITY+ \$1+ ZIP			
E	· **	DELETE	6 1 TITLE		Change	Addition
AE.			6.2 NAME		_ - •	***
EET ADDRESS			6.3 STREET ADDRESS			
Y-ST-ZIF			6.4 C/TY - ST - 7/P			
 certify that t 	certify that the information supplie the information indicated on this a am an officer or director of the co Block 12 or Block 12 if manged, a	nnual réport or supplemental an i	hual report is true and accura	or the exemption stated in Section 11 ate and that my signature shall have th is report as required by Chapter 607, I	e same legal effect as l	if made under

SIGNATURE: