

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
May 08 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P93000048469 (9)			
1. Corporation Name LAS OLAS CUISINE, INC.			
Principal Place of Business 828 S.E. 4TH STREET FT LAUDERDALE FL 33301		Mailing Address 828 S.E. 4TH STREET FT LAUDERDALE FL 33301-2219	
2. Principal Place of Business 828 SE 4th St		2a. Mailing Address IRA MARCUS 200 E LAS OLAS BLVD. SUITE 1900	
22. City & State FT LAUD FL		27. City & State FT LAUD FL	
23. Zip 33301		28. Zip 33301	
24. Country BROWARD		30. Country BROWARD	
9. Name and Address of Current Registered Agent MARCUS, IRA 200 E LAS OLAS BLVD SUITE 1900 FT. LAUDERDALE FL 33301			
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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	
D MARCUS, JANET 828 S.E. 4TH ST. FT. LAUDERDALE FL 33301		2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	
D MARCUS, IRA 625 NE 3RD AVE. FT. LAUDERDALE FL 33304		3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	
D [Blank] [Blank] [Blank]		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	
D [Blank] [Blank] [Blank]		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	
D [Blank] [Blank] [Blank]		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	
14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, on an attachment with an address.			
SIGNATURE: <i>Janet A. Marcus</i> 3. 15 . 97/954533-839			



CR2E034 (9/96)