


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

FILED  
Jan 30 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P93000048469 (9)**

1. Corporation Name  
**LAS OLAS CUISINE, INC.**

Principal Place of Business

**828 S.E. 4TH STREET  
SUITE 1  
FT LAUDERDALE FL 33301  
US**

Mailing Address

**MARCUS, IRA  
200 E LAS OLAS BLVD SUITE 1900  
FT LAUDERDALE FL 33304  
US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 <b>821 E. LAS OLAS BLVD.</b>		26 <b>888 E. LAS OLAS BLVD</b>		07/12/1993	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		4. FEI Number	
		27 <b>Suite 710</b>		65-0460950	
23 City & State		28 City & State		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
23 <b>Ft. LAUDERDALE, FLA</b>		28 <b>Ft. LAUDERDALE, FLA.</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
24 Zip		25 Country		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
24 <b>33301</b>		25 <b>USA</b>			
29 Zip		30 Country			
29 <b>33304</b>		30 <b>USA</b>			

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 **888 E. LAS OLAS BLVD,**  
84 **Suite 710**  
85 City **Ft. LAUD, FLA.** FL 85 Zip Code **33301**

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's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>D</b>	1.2 NAME	
STREET ADDRESS	<b>MARCUS, JANET</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>828 S.E. 4TH ST. FT. LAUDERDALE FL 33301</b>	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>D</b>	2.2 NAME	
STREET ADDRESS	<b>MARCUS, IRA</b>	2.3 STREET ADDRESS	<b>888 E. LAS OLAS BLVD, Suite 710</b>
CITY-ST-ZIP	<b>825 NE 3RD AVE. FT. LAUDERDALE FL 33304</b>	2.4 CITY-ST-ZIP	<b>Ft. LAUD, FLA. 33301</b>
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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, or on an attachment with an address.

SIGNATURE

*[Signature]* **30 9/ 1998 463-433**

CR2E034 (10/97)