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

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## POCUMENT # P93000059860 (5)

BJ'S STEAK & SEAFOOD, INC.

Principa	Place o	f Business
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Mailing Address

4450 SW 61 AVE. BAY #4 DAVIE FL 33314 4450 SW 61 AVE. BAY #4

## FILED May 02 1997 8:00am Secretary of State



DATIE IE 0001	•		Shrie I	F 4041 1								
								3. Date Incorporated or Qualified 08/23/1993	1	e of Last F 1/1996	<u>'</u>	
	ace of Busines	S	}n	ng Address				4. FEI Number		1 -1	pplied For	
21	W 010		26 Cuite	Ant # ata				65-0432635			ot Applicable	
Suite, Apt. 1	#, etc.	27	Suite, Apt. #, etc.				5. Certificate of Status Desired		\$8.75 Additional Fee Required			
City & State	•	City	City & State				Election Campaign Financing     Trust Fund Contribution		\$5.00 May Be Added to Fees			
Zip	<del></del>	Country	Zip		Cour	ntrv		8. This corporation has liability for i	_=			
24	25	)	29		30	1		· · · · · · · · · · · · · · · · · · ·	. · .	No	1 199.002	
		d Address of Curre		Agent	1441			10. Name and Address of New Re	gistered A	gent		
PEN	A, FELIPE A					81	Name					
		T 41ST STREET			}	82	Stroot Add	ress (P.O. Boy Number is Not Acceptab	lo)			
	E FL 33314					82 Street Address (P.O. Box Number is Not Acceptable)						
<b>4</b> 1111	, _ , , , , , , , , , , , , , , , , ,				1	83						
					}	84				Tool 7in	Codo	
						04	City		FL	85 Zip	Code	
office or re agent. I ar SIGNATURE	egistered agent m familiar with,	, or both, in the Stati and accept the oblig	e of florida. Su jations of, Sec	ich change was tion 607.0505, FI	authorized lorida Statu	d by utes	the corpora	poration submits this statement for the p tion's board of directors. I hereby accep	t the appo	intment as	registered	
12.	Signalure, lyped or p	ninted name of registered at OFFICERS AN			It: Rog stered	Age	nt signature requ	red when reinstalling)  ADDITIONS/CHANGES TO OFFICE	DATE ERS AND	DIRECTO	DC INI 12	
TITLE	P	OFFICENS AI	DIMEGION	DELETE	1110		·	Abbitions/changes to of the		Change	Addition	
NAME	PENA, FELI	DE A			1.2 NA						ţ 7.0001.011	
STREET ADDRESS	6092 SW 4						ADDRESS					
· · · - · · · · · · · · · · · · · · · ·	DAVIE FL 3				1.4 CII		··· \					
CITY-ST-ZIP TITLE	V	0011	· · · · · · · · · · · · · · · · · · ·	DELETE	2.1 1/J		1-211			Change	Addition	
NAME	PENA, JACI	NTA I			2.2 NA						£	
STREET ADDRESS	6092 SW 4						ADDRESS					
CITY-ST-ZIP	DAVIE FL 3				2.40		1					
TITLE	Of THE 1 D O	-		DELETE	3110		<del>/</del>			Change	Add/tion	
NAME					3 2 NA							
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TITLE				DELETE	4.1 1/1			,	- mr. v == .	Change	Addition	
NAME					4.2 N	AME	}					
STREET ADDRESS					4.3 ST	REET	AUDRESS					
CITY-ST-ZIP					4.4 C)	Y-S	T-ZiP					
TITLE				DELETE	5171					Change	Addition	
NAME					5.2 NA	ME						
STREET ADDRESS					5.3 (\$1	RÉE1	ADDRESS					
CITY-ST-ZIP					5.4 CI1	1Y-S	1 - 71P					
TITLE			****	DELETE	6.1 10	llf				Change	Addition	
NAME					G.2 NA	ME						
STREET ADDRESS					6.3 (51	RLEI	ADDRESS					
CITY-ST-ZIP					6.4 DI	TY-S	1 - ZIP					
14. I do hereb	by certify that the n indicated on fficer or directo	ne information supplied this annual report or r of the corporation of	ed with this file supplemental or the receiver	ng does not quat annual report is or trustee empoy	lify for the true and a wered to e	exe exec	mption state irate and tha ute this repo	d in Section 119.07(3)(i), Florida Statute it my signature shall have the same lega rt as required by Chapter 607, Florida S	s. I further I effect as tatutes; ar	certify that if made ur id that my	t the ider oath; tha name	