

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

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Apr 29 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P93000062342 (9)**

1. Corporation Name
BERMUDA BAR & GRILL, INC.



Principal Place of Business 3509 NE 163RD ST. NORTH MIAMI FL 33160	Mailing Address 3601 HOLLYWOOD BLVD SUITE 101 HOLLYWOOD FL 33021-6729 US
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3. Date Incorporated or Qualified 09/07/1993	3a. Date of Last Report 04/23/1996
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	4. FEI Number 65-0434147 Applied For Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No
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9. Name and Address of Current Registered Agent

MILLER, SHANNON L
3525 NE 163RD ST.
NORTH MIAMI BEACH FL 33160

10. Name and Address of New Registered Agent

81 Name Howard A. Kusnick	85 Zip Code 33324
82 Street Address (P.O. Box Number is Not Acceptable) 8211 W. Broward Blvd. #420	
83	
84 City Ft Lauderdale	85 Zip Code FL 33324

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: *Howard A. Kusnick* **Howard A. Kusnick** **4/10/97**
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN	
TITLE C	<input checked="" type="checkbox"/> DELETE	1.1 TITLE Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME LAGESCHULTE, DAVE		1.2 NAME CAUTI, STEVE	
STREET ADDRESS 3525 NE 163RD ST.		1.3 STREET ADDRESS 3601 Hollywood Blvd Suite 101	
CITY - ST - ZIP NORTH MIAMI BEACH FL		1.4 CITY - ST - ZIP Hollywood FL 33021	
TITLE P	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME VASU, MARK		2.2 NAME	
STREET ADDRESS 3525 NE 163RD ST.		2.3 STREET ADDRESS	
CITY - ST - ZIP NORTH MIAMI BEACH FL		2.4 CITY - ST - ZIP	
TITLE SDM	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MILLER, SHANNON		3.2 NAME	
STREET ADDRESS 3525 NE 163RD ST.		3.3 STREET ADDRESS	
CITY - ST - ZIP NORTH MIAMI BEACH FL		3.4 CITY - ST - ZIP	
TITLE M	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME DELANEY, JOE		4.2 NAME	
STREET ADDRESS 3525 NE 163RD ST.		4.3 STREET ADDRESS	
CITY - ST - ZIP NORTH MIAMI BEACH FL		4.4 CITY - ST - ZIP	
TITLE D	<input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BRAWNER, TERRY		5.2 NAME	
STREET ADDRESS 3525 NE 163RD ST.		5.3 STREET ADDRESS	
CITY - ST - ZIP NORTH MIAMI BEACH FL		5.4 CITY - ST - ZIP	
TITLE D	<input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME REGINER, DALE		6.2 NAME	
STREET ADDRESS 3525 NE 163RD ST.		6.3 STREET ADDRESS	
CITY - ST - ZIP NORTH MIAMI BEACH FL		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, or on an attachment with an address.

SIGNATURE: *DALE REGINER*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/97 (954) 964 9993

CR2E034 (9/96)