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May 15 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 # P93000074450 (6)

1. Corporation Name
SUBWAY 1638, INC.

Principal Place of Business
2211 PONCE DE LEON BLVD
MIAMI FL 33134
US

Mailing Address
13530 SW 112TH PL
MIAMI FL 33176-5338



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 17800 SW 83rd AVE.

22 City & State

27 City & State

23 Zip

Country

28 33157

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LOEB, MICHAEL C
2121 PONCE DE LEON
SUITE 1100
CORAL GABLES FL 33134

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

LISA DVMETZ

01/24/97

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 D
NAME BATTS, MICHAEL
STREET ADDRESS 13530 SW 112TH PL
CITY- ST- ZIP MIAMI FL 33176

TITLE D
NAME BATTS, CLAUDETTE
STREET ADDRESS 13530 SW 112TH PL
CITY- ST- ZIP MIAMI FL 33176

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

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NAME
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CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY- ST- ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY- ST- ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY- ST- ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY- ST- ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY- ST- ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY- ST- ZIP

☐ Change ☐ Addition

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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 in an attachment with an address.

SIGNATURE:

[Signature]

MICHAEL F. BATTS V.P.

01/24/97 (305) 253-0487

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0238308

CR2E034 (9/96)