

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. McPherson  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P93000079471 (7)

1. Corporation Name

BLAZING SADDLES, INC.

APPROVED  
AND  
FILED

95 MAY -1 AM 4:24

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

C/O GUSTAVO A. MEJIA  
1110 OLD TOWN RD  
CORAM NY 11727

C/O GUSTAVO A. MEJIA  
1110 OLD TOWN RD  
CORAM NY 11727

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/17/1993

3a. Date of Last Report

05/01/1994

2. Principal Place of Business

2a. Mailing Address

21 1771 WEST AVE

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 MIAMI BEACH FL

28

24 Zip

25 DADE

29 Zip

30 Country

4. FEI Number

65-0492789

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under S. 199.032,  
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GARAFOLA, JAMES  
2571 CLINTON DR NE  
PALM BAY FL 32905

81 Name

GEORGE BRITO

82 Street Address (P.O. Box Number is Not Acceptable)

407 LINCOLN RD 5B

83

MIAMI BEACH, FL 33139

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 this 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 or officer or director)

(Signature of Registered Agent required when registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
PSTD  
MEJIA, GUSTAVO  
1110 OLD TOWN RD  
CORAM NY 11727

11 TITLE ☐ Change ☐ Addition  
12 NAME  
13 STREET ADDRESS  
14 CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

21 TITLE ☐ Change ☐ Addition  
22 NAME  
23 STREET ADDRESS  
24 CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

31 TITLE  
32 NAME  
33 STREET ADDRESS  
34 CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

41 TITLE ☐ Change ☐ Addition  
42 NAME  
43 STREET ADDRESS  
44 CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

51 TITLE ☐ Change ☐ Addition  
52 NAME  
53 STREET ADDRESS  
54 CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

61 TITLE ☐ Change ☐ Addition  
62 NAME  
63 STREET ADDRESS  
64 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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 and that I am not a resident of this State and I did not in my name appear in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

X *Gustavo A. Mejia* President

04/28/95

305-534-9292

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone Number