

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
 AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

APPROVED AND FILED

97 JAN -9 AM 9:11

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



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

PROFIT CORPORATION
 ANNUAL REPORT
 1996

DOCUMENT # **993000082222**

1. Corporation Name
B's Las Olas Bistro, Inc.

1996 REINSTATEMENT

Principal Place of Business
 Mailing Address
**609 E. Las Olas Boulevard
 Fort Lauderdale, Florida 33301**

3. Date Incorporated or Qualified **11/22/93** 3a. Date of Last Report **5/1/96**

2. Principal Place of Business 609 E. Las Olas Blvd.	2a. Mailing Address 609 E. Las Olas Blvd.	4. FEI Number 65-0451955	Applied For Not Applicable
22. Subj. Apt. # etc.	26. Subj. Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23. City & State Ft. Lauderdale, FL	27. City & State Ft. Lauderdale, FL	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24. Zip 33301	29. Zip 33301	8. This corporation has liability for intangible tax under s. 193.032 Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
25. Country Broward	30. Country Broward		

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**Alvin Roth
 4390 North Federal Highway
 Suite 100
 Fort Lauderdale, FL 33308**

81. Name **Antonio DiLeo**
 82. Street Address (P.O. Box Number is Not Acceptable)
609 E. Las Olas Blvd.
 83.
 84. City **Ft. Lauderdale** **FL** 85. Zip Code **33301**

11. Pursuant to the provisions of Sections 607.0903 and 607.1506, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office and registered agent. Such change was authorized by the corporation's board of directors. The hereby accept the appointment as registered agent.

SIGNATURE: *Antonio DiLeo* (Signature) Antonio D. DiLeo (Typed Name)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
FEI	President/Director <input checked="" type="checkbox"/> Delete	FEI	President/Director <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	McMahon, Bernice	12. NAME	Antonio DiLeo
13. STREET ADDRESS		13. STREET ADDRESS	609 E. Las Olas Blvd.
14. CITY, ST. ZIP		14. CITY, ST. ZIP	Ft. Lauderdale, FL 33301
FEI	Sec/Treas/Director <input checked="" type="checkbox"/> Delete	15. FEI	Sec/Treas/Director <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Dicie, Pricilla	15. NAME	Mario DiLeo
16. STREET ADDRESS		16. STREET ADDRESS	609 E. Las Olas Blvd.
17. CITY, ST. ZIP		17. CITY, ST. ZIP	Ft. Lauderdale, FL 33301
FEI	Secretary <input checked="" type="checkbox"/> Delete	18. FEI	Director <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Roth, Wanda	18. NAME	David Yarborough
19. STREET ADDRESS		19. STREET ADDRESS	14200 NW 4th Street
20. CITY, ST. ZIP		20. CITY, ST. ZIP	Sunrise, FL 33325
FEI	<input type="checkbox"/> Delete	21. FEI	Director <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		21. NAME	William Dickie
22. STREET ADDRESS		22. STREET ADDRESS	609 E. Las Olas Blvd.
23. CITY, ST. ZIP		23. CITY, ST. ZIP	Ft. Lauderdale, FL 33301
FEI	<input type="checkbox"/> Delete	24. FEI	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		24. NAME	
25. STREET ADDRESS		25. STREET ADDRESS	
26. CITY, ST. ZIP		26. CITY, ST. ZIP	

REINSTATEMENT 1996
A. Alan
000002056030
-01/14/97--01001-015
******375.00 ****375.00**

14. This member is not a resident of Florida and does not qualify for the exemption stated in Section 193.032 Florida Statutes. The member hereby certifies that the information in this report is true and accurate and that my signature shall have the same legal effect as if the member were a resident of Florida. I, the undersigned, as an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes, and the filing of this report is required by Section 617.1506, Florida Statutes, to file this report with an address.

SIGNATURE: *[Signature]*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (3/96)