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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999

## DOCUMENT # P93000085405 1. Corporation Name

ONE WORLD RESTAURANT, INC.

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Principal Place of Business Mailing Address										1		
21 ALMERIA AVENUE 21 ALMERIA AVENUE CORAL GABLES FL 33143 CORAL GABLES FL 33												
CORAL GABLES FL 33143 CORAL GABLES FL 33134			L 33134				DO NOT WRITE IN THIS SPACE					
							3. Date Inco	rporated or Qualit	ied	_		
							12/14/1	993				•
2. Principal F	Place of Business	2a. Mailing Addre	ess				4. FEI Numb	per		7.	Ap	plied For
21		26					65-0491	1441		2.5		t Applicable
Suite, Apt.	. #, etc.	Suite, Apt. #,	etc.				5. Certifcate	of Status Desired	. 🗆			Additional
City & Stat	to.	27 City 9 State										equired
City & Star	ie	City & State					1 '	ampaign Financii	ng 🗆			May Be
Zip	Country			Country	.,		<del>  </del>	d Contribution				to Fees
24	25	29	30	Country	,		· ·	pration owes the o Property Tax.	current year	r Intangibl Y⊡		□No
2-41	9. Name and Address of Cu	<del></del>	30					d Address of Ne	w Register			
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	aken, norman			-				<u> </u>				
4960	D S.W. 95 COURT			82	5	treet Add	fress (P.O. Box Nu	Imber is Not Acce	eptable)			
MIAI	MI FL 33165			83	1			• .				
				84	C	ity			5	85	Zip (	Code
11. Pursuant	to the provisions of Sections 607	.0502 and 607.1508, Florid	a Statutes, th	ne above	e-na	med corp	poration submits th	his statement for t	he purpose	of chang	ing its	registered
office or r	egistered agent, or both, in the S im familiar with, and accept the ot	tate of Florida. Such chang bligations of, Section 607.05	e was author 505, Florida S	rized by Statutes.	the S.	corporati	ion's board of dired	nis statement for t ctors. I hereby ac	cept the ap	pointmen	ing its t as reg	registered gistered
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14. I 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 of suppliemental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the exposation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in ABlock 12 or Block 13 if changed, of on an attachment with an address, with all other like empowered 250 DENT - UNE WOLLD RESTAURA SIGNATURE: RINTED NAME OF SIGNING OFFICER OR DIRECTOR

6.4 CITY-ST-ZIP

Feb 20, 1999 8:00 am Secretary of State

02-20-1999 90123 021 \*\*\*150.00