FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

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

APPROVED AND FILED
95 MAY -1 AM 3:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000015538 (9)**

1. Corporate Name
MEDITERRANEAN COAST RESTAURANT, INC.

Principal Place of Business
3321 S.W. 115TH COURT
MIAMI FL 33165

Mailing Address
3321 S.W. 115TH COURT
MIAMI FL 33165

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **02/25/1994**
3a. Date of Last Report:

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite Apt. # etc. — 22
Suite Apt. # etc. — 27
City & State — 23
City & State — 28
Zip — 24 Country — 25
Zip — 29 Country — 30

4. FEI Number: [X] Applied For [ ] Not Applicable
5. Certificate of Status Desired [ ] **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution [ ] **$5.00** May Be Added to Fees
8. This corporation has liability for intangible tax under $ 100,000 Florida Statutes. [ ] Yes [X] No

9. Name and Address of Current Registered Agent
MARQUEZ, JOSE M
780 N.W. LEJEUNE RD.
SUITE 400
MIAMI FL 33126

10. Name and Address of New Registered Agent
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 607.0505 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

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	FRANCISCO, DAVID
STREET ADDRESS	3321 S.W. 115TH CT.
CITY ST ZIP	MIAMI FL 33165
TITLE	D
NAME	PEREZ, MARIA DE LOS A
STREET ADDRESS	15249 N.W. 88TH PLACE
CITY ST ZIP	MIAMI FL 33016
TITLE	D
NAME	MONGAY, IGNACIO A
STREET ADDRESS	6510 WEST 25TH LANE
CITY ST ZIP	HIALEAH FL 33016
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS, IN 19__
[ ] Change [ ] Addition
1. TITLE / 1. NAME / 1. STREET ADDRESS / 1. CITY ST ZIP
[ ] Change [ ] Addition
2. TITLE / 2. NAME / 2. STREET ADDRESS / 2. CITY ST ZIP
[ ] Change [ ] Addition
3. TITLE / 3. NAME / 3. STREET ADDRESS / 3. CITY ST ZIP
[ ] Change [ ] Addition
4. TITLE / 4. NAME / 4. STREET ADDRESS / 4. CITY ST ZIP
[ ] Change [ ] Addition
5. TITLE / 5. NAME / 5. STREET ADDRESS / 5. CITY ST ZIP
[ ] Change [ ] Addition
6. TITLE / 6. NAME / 6. STREET ADDRESS / 6. CITY ST ZIP

14. I hereby certify that the information supplied with this filing is validly authorized and does not violate for this corporation stated in Section 119.07(3), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and complete 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 is an attached with an address.

SIGNATURE: Perez Francisco
SIGNATURE AND TYPED OR PRINTED NAME OF VALID OFFICER OR DIRECTOR

April 3rd, 1995 — (305) 221-9701
DATE — DAYTIME PHONE #

0170441 CP