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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000015965 (4)

BUENA VISTA ALE HOUSE AND RAW BAR, INC.

APPROVED AND FILED

1997 MAY 30 PM 1: 05

SECRETARY OF STATE TALLAHASSEE, FLORIDA



Principal Place of Business			Ma	Mailing Address				1 Januari Mar Life (dist) and it delit getti and it libri etilik iki) TOURINGS FIE SASS DIDIT ONLY WEST BEING BEST DOORS TOOK SEING BISES ALL SASS		
18775 S.E. RIVER RIDGE ROAD TEQUESTA FL 33469			SUI	612 N ORANGE AVE Suite C-6 Jupiter FL 33458-5023							
				US				3. Date Incorporated or Qualified			
2. Principal Place of Business			2a.	2a. Mailing Address				4. FEI Number	Applied For		
21			26					65-0475512	Not Applicable		
Suite, Apt. #, etc.				Suite, Apt. #, etc.				La Derincate of Status Desired L.L. The	75 Additional		
22	<u></u>		27					F. Octanocate of Grands Desired Fr	e Required		
City & State				City & State				6. Election Campaign Financing\$5	.00 May Be		
23			28					Trust Fund Contribution	ided to Fees		
Zip	ļ.,	Country	⊢ −	Zip	⊢ ¬	ountry	′	8. This corporation has liability for intangible tax un	der s. 199.032,		
24	2		[29]		30			Florida Statutes Yes No			
		nd Address of Curren	t Regist	ered Agent		1	T	10. Name and Address of New Registered Agent			
MILLER, JOHN W						81	Name				
18775 S.E. RIVER RIDGE ROAD							Street	Address (P.O. Box Number is Not Acceptable)			
TEQUESTA FL 33489							<u></u>				
						83	ļ				
						84	City	85	Zip Code		
						"	City	FL °°	zip code		
SIGNATURE		printed name of registered age						corporation submits this statement for the purpose of chang poration's board of directors. I hereby accept the appointme erequired when reinstating) DATE			
12.		OFFICERS AND	DIREC.		13	3.		ADDITIONS/CHANGES TO OFFICERS AND DIREC	TORS IN 12		
TITLE	D			☐ DELETE	1.1	TITLE		L] Ch.	ange 🔲 Addition		
NAME	MILLER, JO		_		1.2	NAME					
STREET ADDRESS		RIVER RIDGE ROA	D		1.3	STREET	ADDRESS				
CITY-ST-ZIP	TEQUESTA	FL 33469			1.4	CITY-S	T- 21P				
TITLE				☐ DEL€TE	2.1	TITLE		Ch:			
NAME .					2.2	NAME		30000219746 -06/02/9701052	36		
STREET ADDRESS					23	STREET	ADDRESS	-06/02/9701052	001		
CITY-ST-ZIP					2	4.0(TY-)	S1 - ZIP	***6105,00 ***	*165.00		
TITLE				DELETE	31	TITLE		□ Ch	inge Addition		
NAME					3.2	NAME	Ì				
STREET ADDRESS					3.3	STREET	ADDRESS				
CITY-ST-ZIP					3.4	. CITY-:	ST - ZIP				
TITLE				DELETE	4 1	TITLE		Chi	inge Addition		
NAME					4.	2 NAME					
STREET ADDRESS					4.3	STREET	ADDRESS				
CITY-ST-ZIP					4.4	CITY-S	T- 71P				
TITLE				DELETE		TITLE		☐ Cha	inge 🗌 Addition		
NAME					5.2	NAME	ŀ				
STREET ADDRESS					5.3	STREFT	ADDRESS				
CITY-ST-ZIP						CITY-S					
TITLE				DELETE		TITLE		□ Cha	inge Addition		
NAME					1	NAME)		~~(\dagger) \\ \alpha \cap \]		
STREET ADDRESS							ADDRESS		1562012 J		
City-St-74P						CITY-S			010		

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 eath; 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 on an attachment with an address

CIONATURE.

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