**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.**
**AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $373)**

PROFIT CORPORATION ANNUAL REPORT

**1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUL 25 AM 8:05

DOCUMENT # **P94000030857 (4)**

1. Corporation Name

**QUALITY FOOD RESTAURANTS, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| 8350 GRAND CANAL DRIVE<br>MIAMI FL 33144 | 8350 GRAND CANAL DRIVE<br>MIAMI FL 33144 |

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 04/20/1994
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: 65-0489105 ☐ 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 s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

~~YUNIS, MICHAEL J~~
~~8350 GRAND CANAL DRIVE~~
~~MIAMI FL 33144~~

10. Name and Address of New Registered Agent

81 Name: DOLORES SIRGANY
82 Street Address (P.O. Box Number is Not Acceptable): 400 S.W. 84th AVE.
83:
84 City: MIAMI **FL** 85 Zip Code: 33144

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 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: X Dolores Sirgany — DOLORES SIRGANY — DATE: 07/21/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when mandatory)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS, CHANGES OR DELETIONS | |
|---|---|---|---|
| TITLE | ~~PD~~ | 11 TITLE | ☒ Change ☐ Addition<br>P/S/T & D |
| NAME | ~~YUNIS, MICHAEL J~~ | 12 NAME | DOLORES SIRGANY |
| STREET ADDRESS | ~~8350 GRAND CANAL DRIVE~~ | 13 STREET ADDRESS | 400 S.W. 84th AVE. |
| CITY-ST-ZIP | ~~MIAMI FL 33144~~ | 14 CITY-ST-ZIP | MIAMI, FL., 33144 |
| TITLE | ~~STD~~ | 21 TITLE | ☐ Change ☐ Addition |
| NAME | ~~YUNIS, MICHAEL J~~ | 22 NAME | |
| STREET ADDRESS | ~~8350 GRAND CANAL DRIVE~~ | 23 STREET ADDRESS | |
| CITY-ST-ZIP | ~~MIAMI FL 33144~~ | 24 CITY-ST-ZIP | |
| TITLE | | 31 TITLE | ☐ Change ☐ Addition |
| NAME | | 32 NAME | |
| STREET ADDRESS | | 33 STREET ADDRESS | |
| CITY-ST-ZIP | | 34 CITY-ST-ZIP | |
| TITLE | | 41 TITLE | ☐ Change ☐ Addition |
| NAME | | 42 NAME | |
| STREET ADDRESS | | 43 STREET ADDRESS | |
| CITY-ST-ZIP | | 44 CITY-ST-ZIP | |
| TITLE | | 51 TITLE | ☐ Change ☐ Addition |
| NAME | | 52 NAME | |
| STREET ADDRESS | | 53 STREET ADDRESS | |
| CITY-ST-ZIP | | 54 CITY-ST-ZIP | |
| TITLE | | 61 TITLE | ☐ Change ☐ Addition |
| NAME | | 62 NAME | |
| STREET ADDRESS | | 63 STREET ADDRESS | |
| CITY-ST-ZIP | | 64 CITY-ST-ZIP | |

CR2E034 (3/95)

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 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 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 added in attachment with an address.

SIGNATURE: X Dolores Sirgany — DOLORES SIRGANY PRES. — 07/21/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0048404 CP