FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT



FLORIDA DEPARTMENT OF STATE

ANNUA	AL REPORT	小を 2.3.	B. Morthar tary of State CORPORA				
DOCUM I. Corporation I	MENT # P9400	00045047 (5)				
•	OCHETTERIE GRILL INC.)	HANA ODNI DIDIO 1886 IF
Discission Diagna	of Duniones	Mailing Address					
rincipal Place of Business Mailing Address 911 N. BROADWALK 911 N. BROADWALK							
HOLLYWOO[HOLLYWOOD FL 33019					
					 Date Incorporated or Qualified 06/16/1994 	3a. Date of L	ast Report 2/1995
- Principal Plan	no of Business	2a. Mailing Address			4. FEI Number	00/2	Applied For
2. Principal Place of Business		26		65-0535333		Not Applicat	
Suite, Apt. #,	, etc.	Suite, Apt. #, etc		5. Certificate of Status Desired		8.75 Additional Fee Required	
City & State		City & State			6. Election Campaign Financing		55.00 May Be
Oily & State		28			Trust Fund Contribution	U T	Added to Fees
Zip	Country	Zip	Cou	ntry	This corporation has liability for Florida Statutes Yes	intangible tax un No	ders 199.032,
<u> </u>	25 9 Name and Address of Currer	29 at Registered Agent	30		10. Name and Address of New F		nt
	2.			81 Name	I CIAM . CAR		
WASSA	IF. MADI			82 Street Addr	ress (P.O. Box Number is Not Acceptab	ole)	
911 N.	BROADWALK						
HOLLY	WOOD FL 33019			83			
				84 City		FL 8	5 Zip Code
familiar with	Signator tunned or protect train e of revenue agree	al earth tearf algorite alter (N	Ole Rog twa	Kapines y all as requis		CIATE	
12. TITLE	OFFICERS AN	ID DIRECTORS	13.	ITLE T	ADDITIONS/CHANGES TO OFF	CERS AND DIR	
NAME	ADNAN, MADI		1.2 N				
STREET ADDRESS	911 N. BROADWALK		1.3 \$	TREET ADDRESS			
CITY-ST-ZIP	HOLLYWOOD FL 33019			11 - ST - ZIP			()
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NAME	WASSAF, MADI 911 N. BROADWALK	/	22 N	AME TREET ADDRESS			
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STREET ADDRESS CITY-ST-ZIP				CITY - ST - ZIP			
Grit-ai-77	i e						Ctatutes I furths

14. I do hereby certify that the information supplied with this fling is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 on an attachment with an address

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ADMAN MAD 1

4/17/96

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