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

CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

1997 DOCUMENT # P94000045047 (5)

LA BROCHETTERIE GRILL INC.

Suite, Apt. #, etc.

Principal Place of Business	Mailing Address 911 N. BROADWALK HOLLYWOOD FL 33019-1224				
BI1 N. BROADWALK HOLLYWOOD FL 33019					
		3. Date incorporated or Qualified 06/16/1994	3a. Date of Last Report 04/23/1996		
2. Principal Place of Business	2s. Mailing Address	4. FEI Number	Applied F		
21	26	65-0535333	Not Appli		

Suite Apt. #, etc.

Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Country This corporation has tiability for intargible tax under s. 199.032, 29 Florida Statutes Yes No 24 25 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name ADNAN, MADI 911 N. BROADWALK 82 Street Address (P.O. Box Number is Not Acceptable) HOLLYWOOD FL 33019 83

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. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

City

SIGNATURE	· · · · · · · · · · · · · · · · · · ·				
12.	Signature, typed or printed name of registment agent and late if applicable. (NOTE: F OFFICERS AND DIRECTORS	legistered Agent signature	ADDITIONS/CHANGES TO OFFICER	S AND DIRECTOR	S IN 12
1111.6	P DELETE	1.1 TITLE	1001101010101010101010101011	Change	Addition
NAM:	ADNAN, MADI	1.2 NAME			
STREET ACURESS	911 N. BROADWALK	1.3 STREET ADDRESS			1
COY SL-20	HOLLYWOOD FL 33019	1.4 CITY - ST - ZIP			
Tifle	DELETE	21 TITLE		Change	Addition
NAME		2.2 NAME			ſ
STREET ADDRESS		2.3 STREET ADDRESS			
CTY ST-ZIP		2. 4 CITY-ST-ZIP			
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NAME.		3.2 NAME	and the state of t	•	
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THLF	☐ DELETE	5.1 TITLE		☐ Change	Addition
NAME		5.2 NAME			
STREET ADDRESS		5.3 STREET ADDRESS			
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TILLE	☐ DELETE	6.1 TITLE		☐ Change	Addition
NAME		62 NAME			ļ
STREET ADDRESS		6.3 STREET ADDRESS			
CILY+S1 ZIP		6.4 CITY-ST-ZIP			

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 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 supplements in Block 12 or Block 13 it changed on an attachment with an address. appears in Block 12 or Block 13 if changed, or on

SIGNATURE:

0126152

FILED

May 05 1997 8:00am

Secretary of State

5. Certificate of Status Desired

Applied For

\$8.75 Additional

Zip Code

Not Applicable