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 8:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000047052 (3)**

1. Corporation Name
C.T.R. RESTAURANTS, INC.

Principal Place of Business	Mailing Address
28400 S.W. 144TH AVE. HOMESTEAD FL 33033	28400 S.W. 144TH AVE. HOMESTEAD FL 33033

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **06/21/1994**
3a. Date of Last Report:

2. Principal Place of Business
21 10686 SW 186 LANE
22 Suite, Apt. #, etc.
23 City & State: MIAMI FLORIDA 33157
24 Zip: 33157 25 Country: USA

2a. Mailing Address
26 SAME
27 Suite, Apt. #, etc.
28 City & State: SAME
29 Zip: SAME 30 Country: DADE

4. FEI Number: 65-0505022 ☐ 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

PETER G. GRUBER, P.A.
9100 S. DADELAND BLVD.
SUITE 910
MIAMI FL 33156

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 607.0502 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 familar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when mandated)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☒ Change ☐ Addition
NAME	ANGEL, TERRY	12 NAME	
STREET ADDRESS	28400 S.W. 144TH AVE.	13 STREET ADDRESS	22352 S.W. 103 AVE
CITY-ST-ZIP	HOMESTEAD FL 33033	14 CITY-ST-ZIP	MIAMI FLORIDA 33190
TITLE	VD	21 TITLE	☒ Change ☐ Addition
NAME	ANGEL, CHARLES	22 NAME	
STREET ADDRESS	9800 S.W. 136TH ST.	23 STREET ADDRESS	9800 SW 136 STREET
CITY-ST-ZIP	MIAMI FL 33176	24 CITY-ST-ZIP	MIAMI FLORIDA 33176
TITLE	SD	31 TITLE	☒ Change ☐ Addition
NAME	ANGEL, FLORELLE	32 NAME	
STREET ADDRESS	28400 S.W. 144TH AVE.	33 STREET ADDRESS	9800 S.W. 136 STREET
CITY-ST-ZIP	HOMESTEAD FL 33033	34 CITY-ST-ZIP	MIAMI FLORIDA 33176
TITLE	TD	41 TITLE	☒ Change ☐ Addition
NAME	ANGEL, ROBIN	42 NAME	
STREET ADDRESS	9800 S.W. 136TH ST.	43 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33176	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	

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)(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: Terry R. Angel Terry R. ANGEL 4/28/95 305 238-2827
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0117220 CP